

# 2009-10 SPONSORSHIPS FOR SRI LALITA PARAMESWARI TEMPLE SEVAS

**Abhishekam and Puja to Trisakthi Devis on Full Moon Day**

**1 Full Moon Day Seva: \$108**

**6 Full Moon Days Seva: \$599**

**3 Full Moon Days Seva: \$299**

**12 Full Moon Days Seva: \$999**

Please circle month/day of your choice for 2009: 4/10 5/8 6/7 7/6 8/5 9/4 10/3 11/2 12/1

Please circle month/day of your choice for 2010: 1/30 2/28 3/30 4/28 5/27 6/26 7/26 8/24 9/23 10/21 11/21 12/21

**Sri Chandi Homa on Full Moon Day**

**1 Full Moon Day Seva: \$108**

**6 Full Moon Days Seva: \$599**

**3 Full Moon Days Seva: \$299**

**12 Full Moon Days Seva: \$999**

Please circle month/day of your choice for 2009: 4/10 5/8 6/7 7/6 8/5 9/4 10/3 11/2 12/1

Please circle month/day of your choice for 2010: 1/30 2/28 3/30 4/28 5/27 6/26 7/26 8/24 9/23 10/21 11/21 12/21

**Daily Temple Seva – any day of your choice: \$151**

**Daily Sri Chakra Abhishekam & Puja in Sanctum Santorium for one year: \$504**

**Daily Sri Maha Lakshmi Devi Puja for one year: \$405**

**Daily Sri Saraswathi Devi Puja for one year: \$405**

**Daily Sri Ganesha Homam for one year: \$504**

**Daily Sri Mruthyunjaya Homam for one year: \$504**

**Daily Sri Hanuman Homam for one year: \$504**

**Daily Sri Samputita Sri Suktam Homam for one year: \$603**

**Monthly Sankasta Chaturthi Sri Ganesha Abhishekam & Puja:**

**1 Month Seva: \$27**

**12 Month Seva: \$252**

Please circle month/day of your choice for 2009: 4/13 5/12 6/11 7/11 8/9 9/8 10/7 11/6 12/5

Please circle month/day of your choice for 2010: 1/4 2/2 3/4 4/3 5/2 6/1 7/1 7/31 8/30 9/29 10/28 11/27 12/27

**Lifetime Purnima Abhishekam: \$2,222 \_\_\_\_\_ Month of Your Choice**

**Lifetime Purnima Chandi Homa: \$2,222 \_\_\_\_\_ Month of Your Choice**

*Abhishekam or Homa will be performed on your behalf on the full moon, during the month(s) you select every year in perpetuity.*

Name: \_\_\_\_\_

*Indicate nakshatra (Vedic birthstar) if known. Family members are automatically included in the sankalpa.*

I would like to pay \$\_\_\_\_\_ by:  Check/Money Order (payable to SMVA Trust)  Credit Card  
 MasterCard  Visa  American Express

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 (3 or 4 digits on back panel)

Mailing Address: \_\_\_\_\_

Billing Address (if different than mailing address): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax to (972) 499-1927 or mail to: SMVA Trust, 3664 Fore Circle, Dallas, TX 75234**  
*(please allow sufficient time if mailing)*

