

2010 SPONSORSHIPS FOR SRI LALITA PARAMESWARI TEMPLE SACRED CEREMONIES

(Please Note: India Sponsorships are not U.S. Tax Deductible.)

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: 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: 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: 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 Pournimi Abhishekam: \$2,222 _____ Month of Your Choice

Lifetime Pournimi 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: _____
(last 3 or 4 digits on back panel)

Mailing Address: _____

Billing Address (if different than mailing address): _____

Phone #: _____ Email: _____
(To acknowledge your sponsorship it is very important to include your email address.)

Cardholder's Name: _____

Signature: _____ Date: _____

Please fax to (972) 499-1927 or mail to: SMVA Trust, 3664 Fore Circle, Dallas, TX 75234

Forms must be received 48 hours prior to festival date. Please allow sufficient time if faxing or mailing.