



COVID-19 – Temple Operational Support

SPONSORSHIP FORM

Amount	Sponsorship Item
<input type="checkbox"/> \$101	1 Month Support
<input type="checkbox"/> \$202	2 Months Support
<input type="checkbox"/> \$303	3 Months Support
<input type="checkbox"/> \$404	4 Months Support
<input type="checkbox"/> \$	Yatha Shakthi

Priests will take Sankalpam on behalf of Devotees during Ammavaru Abhishekam on Friday's, SriVaru Abhishekam on Saturday's and/or Shiva Abhishekam on Monday's during the Month.

\$ _____ Grand Total Signature : _____

First Name: _____ Last Name: _____

Gothram & Nakshatram: _____

Spouse Name: _____ Kid(s) _____ / _____

Address: _____

City: _____ State: _____ ZIP: _____ Ph: (____) _____ - _____

Email(s): _____ / _____