



## Hindu Temple Society of Capital District, NY Inc.

### ANNUAL (VARSHIKA) TEMPLE SEVAS

Receipt No: \_\_\_\_\_

Type of Service	Frequency	Amount	Check
GANESHA	Daily ( 365 days)	\$1001.00	<input type="checkbox"/>
SHIVA	Daily ( 365 days)	\$1001.00	<input type="checkbox"/>
LAKSHMI NARAYANA	Weekly (52 Weeks)	\$1001.00	<input type="checkbox"/>
<b>ALL ABOVE THREE</b>		\$2001.00	<input type="checkbox"/>
Sankataharana Ganesha Pooja	13 Times	\$251.00	<input type="checkbox"/>
Satyanarayana Pooja	13 Times	\$251.00	<input type="checkbox"/>
Krittika	13 Times	\$251.00	<input type="checkbox"/>
Parvathi	52 Weeks	\$251.00	<input type="checkbox"/>
<b>All above Four</b>		\$751.00	<input type="checkbox"/>
<b>Any Three</b>		\$501.00	<input type="checkbox"/>
Naga Devatas	4 Times	\$151.00	<input type="checkbox"/>
Navagrahas	52 Weeks	\$151.00	<input type="checkbox"/>

I am enclosing a check for \$\_\_\_\_\_ towards the above services (Checked).

Starting date: \_\_\_\_\_

**Name:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

Gotram: \_\_\_\_\_

**Nakshatram:** Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please mail the filled form along with the check to the temple Address:**

**The Hindu Temple Society of Capital District, NY., Inc. , 450 Albany Shaker Road, Albany, NY 12211**