



## The Hindu Society of Minnesota

PO BOX: 2518, Maple Grove, MN 55311

Website: [www.hindumandirmn.org](http://www.hindumandirmn.org)

Ph: (763) 425-9449

### Upāsaka Divasa Special Day - SPONSORSHIP FORM

**Benefits:** Special Pooja and devotee will receive a Vastram.

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

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

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

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SPONSORSHIP DATE (MM/DD/YY): \_\_\_\_\_ (needs to be booked 3 weeks in advance)

Make your checks payable to: **Hindu Society of Minnesota**

Check: Amount: **\$1,001** Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Credit card: Amount: **\$1,001** Visa MC AMEX Discover Number: \_\_\_\_\_ Exp \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Note: All donations are tax deductible; please consult your tax professional.

**Please select the following:**

1. Special Pooja: Abhishekam OR Sahasranama archana OR Satyanarayana Pooja OR Moksha Sankalpam OR other Poojas\*\* (Pooja: \_\_\_\_\_)  
*Note: A Priest will be assigned to you for one hour between 5pm to 7pm.*
2. Deity of your Choice: \_\_\_\_\_
3. Vastram - Saree will be provided.

**\*\* Any deviation requires Temple Manager consultation.**

Please complete the following information to be used for the Special Pooja:

Family Gothram: \_\_\_\_\_ Family Name: \_\_\_\_\_

	NAME	STAR / RASI
Self		
Spouse		
Child 1		
Child 2		
Child 3		

**For Official Use Only:**

Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Priest: \_\_\_\_\_ Date: \_\_\_\_\_

Arrangements Committee: \_\_\_\_\_ Date: \_\_\_\_\_