



(Vedagita Center Inc.)

Sri Shiva Vishnu Temple

3801 Ridge Pike, Collegeville PA 19426

Ph: 610-226-2816 Email: ach@vediccenter.org, **Federal ID: 81-2234835**

Official Use Only

ACH ID:

First Month:

Last Month:

“DEVALAYA SAMRAKSHANA NIDHI”

DOLLAR A DAY DONATION

With the grace of the Almighty and with the support of devotees like you, Vedagita Center Inc. (SSVT) has completed one year successfully. Vedagita Center Inc., (SSVT) is committed to serving the Hindu community of the Delaware Valley and bringing people together from all walks of life. As part of Temple’s regular maintenance and long term growth plans, Vedagita Center Inc. (SSVT) is requesting you to make a small monthly donation (Minimum Dollar a Day) from the following categories via ACH. This is to raise funds for the temple. We will offer Prayers on your behalf at the temple and deliver blessings and Prasadam to you. Prayers are just one way to bring prosperity in your life with blessings from God and gratitude from the temple.

All contributions towards this great cause are Tax- deductible. Please support the temple. We thank you in advance for your generous support.

Donation/Monthly: \$31 we will do a Puja on Ganesh Chaturthi day and send you blessings

Donation/Monthly: \$51 we will do a Puja on Ganesh Chaturthi & Diwali day and send you blessings

Donation/Monthly: \$101 we will do the above Pujas and Puja on one person’s birthday and send you blessings

Donation/Monthly: \$251 we will do the above pujas & Puja on birthday of family (04) and send you blessings

Gothram: _____

Date of Birth _____ Name: _____ Nakshatram: _____ Rashi: _____

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Authorization Agreement for Donation by ACH Transfer

Starting month (MM/YY) _____ **Date:** 01st of each month **Donation Towards:** Temple Maintenance

I (we) hereby authorize **Sri Shiva Vishnu Temple of PA** to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account.

Name of Bank: _____ **Account Type:** Checking Saving

Bank ABA (9 digits): _____ **Account Number:** _____

Name of Account Holder(s): _____

This authority is to remain in full force and effect until **Sri Shiva Vishnu temple of PA** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Sri Shiva Vishnu temple of PA** a reasonable opportunity to act on it.

X _____
Signature / date

X _____
Signature / date

Address: _____

Email Address: _____ **Phone:** _____

Please attach a voided check preprinted with account information