



## NITYA ARCHANA FORM

|                         |  |
|-------------------------|--|
| Designated Devotee Name |  |
| Address                 |  |
| Telephone No:           |  |
| Email:                  |  |

| Family Members Name | Gotram/Nakshatra/Rasi/Family Lineage |
|---------------------|--------------------------------------|
|                     |                                      |
|                     |                                      |
|                     |                                      |
|                     |                                      |

**I would like to enroll in Nitya Archana sponsorship as indicated below.**

[Please make checks payable to Rhode Island Hindu Temple, Inc and drop off check at temple].

Enrollment in yearly sponsorship (\$1001.00)

Pay total amount in four (4) installments (Optional)

I am enclosing check for \$\_\_\_\_\_ for Nitya Archana to be performed from \_\_\_\_\_ (date: mm/dd/yyyy).

**Please specify one deity:**

Lord Ganesha

Lord Venkateshwara

Lord Rama

Lord Krishna

Lord Shiva

Lord Anjaneya

Durga Devi

Lord Surya Bhagawan

Any Deity

Date:

Signature

### Address

40 Astral Street, Warwick RI 02888 | Phone: 401-830-0803

Email: religious-services@rihts.org | Website: www.rihts.org