

# Shiridi Sai Baba Temple of San Antonio

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SHRADDHA

SABURI

## BABA Yearly Archana / Abhishekam Sponsor Form

### DEVOTEE INFORMATION:

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Gotram: \_\_\_\_\_

Nakshatram: \_\_\_\_\_ Kids Name(s): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

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

Email \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SPONSOR:** ☐ BABA ARCHANA (\$501)

☐ BABA ABHISHEKAM (\$1,001)

### PAYMENT MODE

☐ CASH

☐ CHECK PAYABLE TO "SSTSA"

☐ CREDIT CARD

☐ I authorize a **one-time** charge against my credit card for \$\_\_\_\_\_.00

**Credit Card Type:** ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

It is understood and agreed that the physical credit card need not be present with Sri Shiridi Sai Baba Temple of San Antonio, Texas 78240 in order for the charge to the card be valid and the validity of such charges will not be challenged. I certify that I am the holder of the above credit card, or have been authorized by the holder and I agree to all of the above terms and conditions.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

----- For Office Use Only -----

Authorization # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Customer \_\_\_\_\_

Please mail this form to temple: PO Box: 40115, San Antonio, TX 78229