

SRI SANKARAPURAM MAHAPERIYAVA AGNIHOTRIGAL

GURUKULA GRAMAM (SSMAGG)

A registered 501(c)(3) nonprofit organization

Details of Donor

MEMBERSHIP NO: _____

1) Name of the Donor/s or family Name
(to be printed in Pattayam)

2) Son of / Wife Of / Husband Of / Daughter Of

3) Date of Birth

4) Address for Communication

5) Mobile No with Whatsapp Facility

6) Alternate Number

7) Email-Id

8) Star and Raasi

9) Gothram / Vedham / Smartha / Vaishnava

10) Acharyal Peedam / Kuladeivam

11) Poorvegam (Native Place)

12) Date of Payment

13) Mode of Payment / transfer (Cash / Check)

14) Scheme (Rs. 50,000 / 100,000, 200,000 /
300,000 / 500,000 / 1,000,000)

Place: _____

Date: _____

(Signature of the Donor/s)

/For Official use only/

Received a sum of \$ _____ in USD by Cash / Check No. _____ dated _____

Receipt No. _____ date _____