



WEST MICHIGAN HINDU TEMPLE

Address: 4870 Whitneyville Ave SE., Alto, MI 49301

(TAX ID: 41-2090487)

Mail: P O Box 120214, Grand Rapids, MI 49528

PLEDGE FORM

I/We pledge an amount of \$ _____ per month (suggested amounts \$50 / \$100 / \$250/ \$500) for the years 200____ 200____ 200____

Your names will be recognized at the temple. Please provide us with the following information.

Names:

Your Name _____ Spouse Name _____

Child Name _____ Child Name _____

Child Name _____ Child Name _____

Address: _____

Telephone: _____ Email: _____

Name of Organization: _____

Address: _____

Telephone: _____ Email: _____

Comments:
