Offering to the Sangha Registration Form
道 糧 齋 僧 功 德 登 記 表

聯絡人中/英文姓名 Contact Person (Chinese & English Name):	
電話 Phone:	手機 Cell:
生日 DOB:	性別 Gender: ☐M ☐F
住址 Address：	
請選擇收信方式(Receive events by): ☐ Email ☐ Mail ☐ Both	
電子郵件 E-mail:	

Name 功德芳名	Item 功德項目	Amount 功德金
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
	☐發起人Initiator ☐衣單Robe ☐醫藥Medication ☐飲食Food	
隨喜donation	Name 功德芳名	

功德款 Donation: ☐現金 Cash $_____ ☐支票 Check $_____ (No._____) (支票抬頭請寫Please make check payable to I.B.P.S.)	經手人/日期: Received by / Date: 感謝函 Rec. No.:

（請郵寄或帶上此表格到殿堂服務台登記）

Tel: (626)961-9697 | dharma@ibps.org | 3456 Glenmark Dr., Hacienda Heights., CA 91745