



渥太華佛光陵園秋祭法會登記表

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Fo Guang Shan BuddhaLight Pure Land Garden Dharma Service

聯絡人:	(中)	姓 Last Name:		電話	家 H
Contact Person:		名 First Name:		Tel:	手提 H/P
地址 Address :					郵編 Postal Code:
功德項目 Donation Item					
<input type="checkbox"/> 供 齋 Food Offering \$					
<input type="checkbox"/> 供花果 Flower/Fruit Offering \$					
<input type="checkbox"/> 贊普 Offering for all beings \$					
<input type="checkbox"/> 現金 Cash	<input type="checkbox"/> 支票 Cheque No:	Bank:	Date:	支票抬頭請寫 Payable to :	I.B.P.S of Ottawa
<input type="checkbox"/> Etransfer	帳戶名字/郵箱 Account name /Email account :				<input type="checkbox"/> PayPal
<input type="checkbox"/> 退稅 Tax Receipt	姓 Last Name:	名 First Name:			
** The name on your tax receipt must be the same as the name on your cheque or eTransfer record.					
<input type="checkbox"/> 退稅地址 Address:					
總計 Total: \$			經手人 Received by:		
備註 Remark:			登記日期 Date:		