

2025年多倫多佛光山供佛齋天法會(渥太華)功德登記表

2025 Offering Ceremony for Buddhas & Celestial Guardians Donation Registration Form

聯絡人 Name of Contact Person: _____		電子信箱 Email: _____		
住址 Address	房號 Apt.# _____ 街名、號碼 Street Address _____	電話/家 Telephone/Home: _____		
	市 City _____ 省 Province _____ 郵遞編號 Postal Code _____	手提 Cell: _____		
1. <input type="checkbox"/> 供三寶 Offering to the Triple Gem: \$1,500 <input type="checkbox"/> 將出席法會 Will attend the Ceremony 請穿海青/纓衣 Please dress in Haiqing /Precept robe				
*齋主姓名(一位代表): Benefactor: One Representative _____ <input type="checkbox"/> 不克出席 Will not attend Ceremony				
消災大祿位一支(兩人姓名或一人合家): Blessing Plaque (Large): Two Representatives _____				
文疏姓名(全家姓名,至多11名) Names for Merit Transferred: Whole family				
2. <input type="checkbox"/> 供諸天 Offering to the Celestial Guardians: \$300 <input type="checkbox"/> 將出席法會 Will attend the Ceremony 請穿海青/纓衣 Please dress in Haiqing /Precept robe				
*齋主姓名(一位代表): Benefactor: One Representative _____ <input type="checkbox"/> 不克出席 Will not attend Ceremony				
消災小祿位一支(一人姓名或一人合家): Blessing Plaque (Small): One Representatives _____				
文疏姓名(兩位姓名) Names for Merit Transferred: Two Names				
供三寶/供諸天結緣品 <input type="checkbox"/> 不領取 <input type="checkbox"/> 領取 Patron Blessing Gift Bag, Comes with your registration. *Please choose if you would like to receive one. <input type="checkbox"/> No <input type="checkbox"/> Yes - Pick up at				
3. <input type="checkbox"/> 隨喜 Donation (Optional): \$ _____				
如需退稅收據,請填所有資料 Please complete ALL information if you require an income tax receipt. 退稅收據人名必須和支票人名相符 The name on the tax receipt MUST match the name on the cheque.	姓 Last Name: _____		名 First Name: _____	
	房號 Apt.# _____ 街名、號碼 Street Address _____		市 City _____	
	省 Province _____ 郵遞編號 Postal Code _____		退稅 email _____	
功德款總計 Total Donation \$ _____ <input type="checkbox"/> 現金 Cash \$ _____ <input type="checkbox"/> Paypal (email: _____) <input type="checkbox"/> Interac e-Transfer (donationott@ibps.org) <input type="checkbox"/> 支票 Cheque No. _____ (支票抬頭請寫 Please make cheque payable to: IBPS of Ottawa)			經手人/日期 Received by/ Date: _____	
			備註 Ref No. _____	

附註:請於2月2日前交回登記表,以便安排齋主位置,阿彌陀佛!
 Please return the Completed Form before Feb. 2, 2025



渥太華佛光山 Fo Guang Shan Temple of Ottawa

6688 Franktown Road, Richmond, ON K0A 2Z0, Canada

Tel: (613) 759-8111 | Email: ott.info@ibps.org Web: bpsottawa.org