

赞助狮城雷藏寺鼎胜堂供品表格 - 水子灵

Hall of Karmic Creditors & Foetus Spirits Tablets – Foetus Spirits

* 请注明您要赞助的牌位号码。* Please indicate the tablets number(s) that you want to sponsor for.

**所有订购的供品将会在下一个月份供奉。* *Please note that your offerings will start the following month.

牌位号码 Tablet(s) No.	鼎胜堂 Hall of Karmic Creditors & Foetus Spirits Tablets	供品 Type of Offerings	捐款数额/每牌位 Donation Amount / per Tablet
	替水子灵供养四大佛母 (T2F1) Offerings on the behalf of foetus spirit to Four Buddha-mothers	供品 (每逢农历初一) Food Offerings (Every 1 st day of the lunar month)	每月 \$10/month
	替水子灵供养四大佛母 (T2F2) Offerings on the behalf of foetus spirit to Four Buddha-mothers	供品 (每逢农历初十五) Food Offerings (Every 15 th day of the lunar month)	每月 \$10/month
	替水子灵供养四大佛母 (T2F3) Offerings on the behalf of foetus spirit to Four Buddha-mothers	供品 (每逢农历初一和十五) Food Offerings (Every 1 st & 15 th day of the lunar month)	每月 \$20/month
	供养水子灵 (T2S1) Offerings to foetus spirit	法师诵经, 供品, 金纸 (每逢农历初二) Chanting, food offerings & joss paper (Every 2 nd day of the lunar month)	每月 \$15/month
	供养水子灵 (T2S2) Offerings to foetus spirit	法师诵经, 供品, 金纸 (每逢农历初十六) Chanting, food offerings & joss paper (Every 16 th day of the lunar month)	每月 \$15/month
	供养水子灵 (T2S3) Offerings to foetus spirit	法师诵经, 供品, 金纸 (每逢农历初二和十六) Chanting, tea, fruit, food offerings & joss paper (Every 2 nd & 16 th day of the lunar month)	每月 \$30/month

总银额每月 Total Monthly Donation Amount : \$ _____

2st month sponsorship by Cash / NETS / Cheque (No. _____)

Cheque payable to True Buddha Shi Cheng Association.

Donation for subsequent months will be deducted by GIRO on the 10th of each month.

Should you decide to terminate the donation, please write to True Buddha Shi Cheng Association of your intention at least one month in advance. 如您欲取消报名, 请提前一个月以书信方式通知本寺。

* 代表必须填写的部分。Fields marked with * are mandatory.

个人资料 Personal Particulars	* 狮城雷藏寺会员吗? Are you a member of True Buddha Shi Cheng Association? 请打勾(✓), 表示您的会员身份。Please tick (✓) to indicate your membership status. 会员 Member <input type="checkbox"/> 准会员 Associate Member <input type="checkbox"/> 非会员 Non-member <input type="checkbox"/>		
	* 联络人姓名 (英) Name of Contact Person (Eng)		
	* 联络人姓名 (中) Name of Contact Person (Chn)		* 身份证号码 NRIC No.
	* 住址号码 Home Contact No.		* 手机号码 Mobile No.
	* 住址 Address		
	电邮 Email		
	* 我声明表格的内容正确。I declare that the details given above are accurate.		
联络人签名 Acknowledgement by Contact Person: _____ 日期 Date: _____			

由工作人员填写 For Official Use Only

收据号码 Receipt No.	银额 Amt Received	经手人姓名 Name of Authorized Person	日期 Date