



药师行愿会

Buddha of Medicine Welfare Society

《愿海》助刊表格 The Vows Sponsorship Form

姓名 Name: \_\_\_\_\_ (Dr./ Ven./ Mr./ Ms./ Mrs./ Mdm.)

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\_\_\_\_\_ 邮区 Postal Code : \_\_\_\_\_

捐款数额/ Amount : \$ \_\_\_\_\_ 支票 Cheque No. : \_\_\_\_\_

为配合慈善监管条例的执行，凡捐款人不愿公布姓名、宝号者，请在阁内打勾。

Those who do not wish to have their names appear in our donors listing, please tick this box.

划线支票请注明收款人为“药师行愿会”并寄至：

Kindly issue your crossed cheque in favour of

“**Buddha of Medicine Welfare Society**”

and mail it to :

11, Lorong 25 Geylang Singapore 388293

本着佛教慈悲喜舍精神，净化身心，关怀社会。谢谢您的捐献！

**For Official Use:**

收到日期 Received Date : \_\_\_\_\_

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\_\_\_\_\_

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