

西雅圖雷藏寺

Ling Shen Ching Tze Temple
17012 NE 40th Court Redmond WA 98052
U. S. A.

信用卡贊助授權書 Credit Card Authorization Form

持卡人姓名 First Name on the Card: _____

持卡人姓氏 Last Name on the Card: _____

信用卡卡別 Type of Card: Visa Master Amex Other _____

信用卡號碼 Credit Card Numbers: _____

有效截止日期 Expiration Date: _____

安全驗證碼 Security Code: _____

信用卡註冊地址 Billing Address: _____

市，州，郵遞區號 City, State, Zip: _____

電話號碼 Phone # _____ 電子郵件 E-mail _____

捐款項目 Donation Description _____

捐款金額 (美元) Amount to be Charged (USD) _____

By signing this form, you authorize (通過簽署此表格，您授權) Ling Shen Ching Tze Temple (西雅圖雷藏寺) to charge your card for the amount listed above (經過您的信用卡收取以上金額).

持卡人親筆簽名 Cardholder's signature: _____

日期 Date: _____

感謝發心贊助，功德無量！