

# 西雅圖雷藏寺

Ling Shen Ching Tze Temple

17012 NE 40<sup>th</sup> Court, Redmond, WA 98052, U. S. A.

Tel: 425-8820916, Fax: 425-8837360

## 信用卡贊助授權書 Credit Card Authorization Form

持卡人名字 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) \_\_\_\_\_

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

持卡人親筆簽名 Cardholder's signature: \_\_\_\_\_

日期 Date: \_\_\_\_\_

感謝發心贊助，功德無量！

Thank you for your donation, good merit!