Mid-America Buddhist Association

2023 年清明節祈福法會點燈登記表

2023 Qingming Dharma Assembly Blessing Candles Registration Form

祈福消災平安燈：點燈日期04/09/2023 一永日。每盞燈以登記兩名為限，每盞燈$30。

**Blessing Candles**: Candle will be lit on 4/9/2023 for a day, each candle lit is limited to two names, $30 per candle lit.

平安祈福燈 1

Blessing Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

平安祈福燈 2

Blessing Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

平安祈福燈 3

Blessing Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

平安祈福燈 4

Blessing Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

為往生者點燈：點燈日期04/09/2023 一永日。每盞燈以登記兩名為限，每盞燈$30。

**Blessing Candles for Departed:** Candle will be lit on 4/9/2023 for a day, each candle lit is limited to two names, $30 per candle lit.

往生燈 1

Deceased Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

往生燈 2

Deceased Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

往生燈 3

Deceased Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

往生燈 4

Deceased Candle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make check payable to MABA. Please fill in the form and send together with the check to **MABA, 299 Heger Lane, Augusta, MO 63332** on or before 4/8/2023 for our preparation purpose.

If you wish to send via zelle, please use email: [office@maba-usa.org](mailto:office@maba-usa.org).

(Zelle/Cash/Check) #

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receipt # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/2023

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT)

MABA

**299 Heger Lane**

**Augusta, MO, 63332**

Tel: (636) 482-4037

觀音亭燃燈供養（$100/一年）Guanyin Hall Lantern Offering ($100/year):

|  |
| --- |
| 燃燈牌位姓名 (Name to be lit on the lantern tablet)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (請選一項*Please choose one item.)*  項目: 1光明燈( ) 2平安燈( ) 3延壽燈( ) 4智慧燈( ) 5如意燈( )  **Donation items:**  1. Lantern of Illumination ( ) 2. Lantern of Peace ( )  3. Lantern of Longevity ( ) 4. Lantern of Wisdom ( )  5. Lantern of Wish Fulfillment ( )  數目Amount: US$100.00 x \_\_\_\_ yr(s)(年) = US$\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 地藏殿往生覺靈蓮位($100/一年)Dizang Hall Lantern Offering for Deceased ($100/year): |
| **往生**者姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_關係﹕\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of the Deceased:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  數目Amount: US$100.00 x \_\_\_\_ yr(s)(年) = US$\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 歷代祖先蓮位(請填寫您祖先的姓): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_    **Ancestor’s Tablet (Please write down the last name of your ancestor):\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    數目Amount: US$100.00 x \_\_\_\_ yr(s)(年) = US$\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 總數: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期:  **Total:** US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

如表格不夠請自行復印或寫於其它紙張上皆可.

If you need more forms, please make copies of this form, or write the information on a piece of paper.

聯絡地址Mailing Address: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_Tel: (\_\_\_\_\_\_\_\_)- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to receive the renewal notice by email, please provide your email address:

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_