

SAKYA KACHOD CHOLING

YES I WOULD LIKE TO BECOME

A FRIEND OF SKC:

_____ INDIVIDUAL (\$60) FOR ONE CALENDAR YEAR

_____ FAMILY (\$75) FOR ONE CALENDAR YEAR

A SUSTAINING SUPPORTER OF SKC:

_____ \$240 FOR ONE CALENDAR YEAR

_____ \$20 PER MONTH FOR ONE CALENDAR YEAR

I WOULD LIKE TO SUPPORT THE ACTIVITIES OF SAKYA KACHOD CHOLING BY MAKING A GENERAL DONATION IN THE AMOUNT OF \$_____.

I WOULD LIKE TO SUPPORT SPECIFIC ACTIVITIES OF SAKYA KACHOD CHOLING BY MAKING A DONATION IN THE AMOUNT OF \$_____. PLEASE USE THE DONATION AS FOLLOWS: _____.

SPECIAL INSTRUCTIONS, SUCH AS REQUESTS TO MAKE DONATIONS IN THE HONOR OF A LIVING PERSON OR IN MEMORY OF SOMEONE DECEASED.

_____.

TOTAL \$_____ TO BE PAID BY:

- () enclosed check made out to Sakya Society
- () enclosed money order made out to Sakya Society
- () please charge my credit card () Visa () Master Card

Card Number _____ Expiration Date _____

Signature: _____ Today's Date: _____

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ EMAIL: _____

Please fill out and return this form with your payment or credit card information to:

Sakya Society

PO Box 3191

Friday Harbor, WA 98250

CONTACT: 360-378-4059 EMAIL: skc@rockisland.com

~ THANK YOU! ~