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HIDDEN VALLEY ZEN CENTER

Member Information and Pledge Form

Member Information:

First Name:

Last Name:

Address 1:

Address 2:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

Date of Birth:

Spouse's/Partner's Name:

20__ Membership Pledge:

I pledge a total of \$_____ for the year 20__ Please enclose the first payment of your pledge and check one of the boxes below. The suggested minimum annual pledge is \$420 (\$35.00 per month), but you may pledge more or less, depending on your circumstances.

- I am enclosing the full amount of my pledge.
- I am enclosing half of my pledge and will pay the remainder by June 1, 20__.
- I am enclosing one month of my pledge and will make additional contributions by the first day of each remaining month in 20__.

RETURN THIS PORTION TO:

Hidden Valley Zen Center
P.O. Box 1355
San Marcos, CA 92079-1355

KEEP THIS PART FOR YOUR RECORDS

Amount of 20__ Hidden Valley Zen Center membership pledge is: \$_____

- I have enclosed the full amount of my pledge.
- I have enclosed half of my pledge and will pay the remainder by June 1, 20__.
- I have enclosed one month of my pledge and will make additional contributions by the first day of each month in 20__.

Hidden Valley Zen Center P.O. Box 1355 San Marcos, CA 92079-1355
760-591-9893