## 幽谷寺

## HIDDEN VALLEY ZEN CENTER

## Member Information and Pledge Form

## Member Information: First Name: Last Name: Address 1: Address 2: City: State: Zip: Cell Phone: Home Phone: Work Phone: Fmail. 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 \$660 (\$55 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\_.

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

each month in 20\_\_\_

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