



___\$25.00 Individual Membership ___\$40.00 Family Membership ___\$100.00 Sponsor ___\$500.00 Donor ___\$1000.00 Patron

Monthly contribution pledge \$15.00-\$100.00. I am pledging \$ _____

Kindly select your contribution options and update your contact information.

Name: _____

Checks may be made payable to:
Nechung Buddhist Center

Address: _____

Please note new address:
366 South 50th St.
Richmond, CA 94804

Area Code + Phone (____) _____ Email: _____



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