

Registration Form

Medicine Buddha Jang Wa

A Purification Ceremony for the deceased

* required information

* Name /s of Deceased: _____

* Name of sponsor: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Contact Number: _____

* Email address: _____

Please enclosed a
passport size,
solo photo
of the deceased,
with the name
written on the back

Suggested Donation: \$25 - \$500

Amount: \$ _____

Payment by: Cash Cheque enclosed Credit Card

Name on Card: _____

Card No: _____ Expire date: _____

Signature _____

**Mail to: 5800 Prescott Road,
 Soquel CA 95073
 Re: Jang Wa**

Notes:

1. Photos are non-returnable. Do not send originals.
2. Ashes are not required for the ceremony. Do not send ashes unless you intend to have them enshrined in the Memorial Stupas

For official Use

Date received: _____

Ch received: _____

Exc-entered: _____