



佛光山三寶寺

啟建孝親報恩清明法會通啟

各位護法信徒： 阿彌陀佛！

一年一度的清明佳節即將來臨，為了讓大家慎終追遠、報答親恩，本寺特於國曆4月2日星期日，啟建『孝親報恩清明法會』，禮拜《大乘金剛般若寶懺》一永日；以此功德，迴向現生父母，延年益壽；過往先靈，蓮品增上。屆時歡迎闔府回寺，共沐良因、同霑法益。

尚此 順頌

名聲天曉

佛光山三寶寺 謹啟

法會時間： 4月2日 星期日 10:00am~5:00pm

- 功德項目：
1. 超薦大牌位
 2. 超薦小牌位
 3. 隨喜牌位
 4. 供齋、供花果

地址：1750 Van Ness Ave, San Francisco, CA 94109

電話：415-776-6538

網址：www.sanbaotemple.org

傳真：415-776-6954

Email: sanbaotemple.sf@gmail.com

《清明超薦功德登記表》

請以正楷完整填寫登記表，以便作業。支票抬頭請開 A. B. C. S.

編號

No.

聯絡人：		聯絡電話：()	
地 址：		Email：	
稱謂 (陽上稱呼亡者)	亡者姓名	陽上姓名	功德金
<input type="checkbox"/> 現金 <input type="checkbox"/> 支票 CK# _____ 共計：\$ _____ 經手人 _____ 日期：____月/____日/____年			

《清明供齋、供花果功德登記表》

字跡工整以便作業。支票抬頭請開 A. B. C. S.

聯絡人：		聯絡電話：()			
地 址：					
功德芳名	功德項目	功德金	功德芳名	功德項目	功德金
<input type="checkbox"/> 現金 <input type="checkbox"/> 支票 CK# _____ 共計：\$ _____ 經手人 _____ 日期：____月/____日/____年					



American Buddhist Cultural Society

QING-MING DHARMA-ASSEMBLY OF FILIAL PIETY & GRATITUDE

Dearest Dharma-protectors and Devotees: Amitabha Buddha!

According to Chinese tradition, mid-spring is a time for us to repay the kindness of both our ancestors and departed friends. American Buddhist Cultural Society will conduct the *Qing-ming Dharma-assembly of Filial Piety & Gratitude* on Sunday, **April 2nd from 10:00am ~ 5:00pm**, performing the *Precious Diamond Litany*. Meritorious virtues will be dedicated towards the blessing and longevity of our present-life-parents and advancement through the lotus-grades for those who have departed. You and your family are invited to participate in this event, together bathing in benevolent causes.

Rising Dawn of Success

American Buddhist Cultural Society

TIME: **Sunday, April 2nd 10:00am ~ 5:00pm**

DONATIONS:

1. **Memorial Plaques:**
 - Large Plaque
 - Small Plaque
 - Plaque List
2. **Meal Offering**
3. **Fruit & Flower Offering**

Address: 1750 Van Ness Ave, San Francisco, CA 94109

website: sanbaotemple.org

Tel: [415-776-6538](tel:415-776-6538)

Fax: 415-776-6954

Email: sanbaotemple.sf@gmail.com

	《 Memorial Plaque Registration Form 》 Please PRINT CLEARLY. Checks can be made to A.B.C.S.	編號	
Contact Person :		Contact Number : ()	
Address :		Email:	
Relation (of Departed)	Name of Departed	Name of Living	Donation
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____		Total: \$ _____	Processor: _____ Date: / /

《 Fruit & Flower or Meal Offering Registration Form 》

Please PRINT CLEARLY. Checks can be made to A.B.C.S.

Contact Person :			Contact Number : ()		
Offerer's Name	Offering Type	Donation	Offerer's Name	Offering Type	Donation
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____		Total: \$ _____	Processor: _____	Date: / /	