

# 佛光山三寶寺 啟建孝親報恩梁皇法會通啟

法不孤起，仗境方生。梁皇誌公，興慈運悲，  
啟殊勝之懺法，建銷罪之功績；  
三途親恩，得以脫苦，淨梵人天，蓮品增上。

本寺為倡導「孝道月」，發揚孝親報恩、慎終追遠之美德，謹訂於 2018 年 8 月 16 日至 8 月 19 日(農曆七月初六至初九)，啟建「孝親報恩梁皇法會」，並於圓滿日舉行三時繫念佛事一堂。以此功德迴向歷代祖先蓮品增上；眾信徒福慧增長；普願社會安和樂利，世界和平。屆時歡迎闔府蒞臨，拈香禮佛，共霑法益。

尚此 順頌 忠義傳家 佛光山三寶寺 謹啟

法會時間：8 月 16 日 (週四) 7:00pm ~ 9:30pm 薰壇灑淨、禮拜梁皇寶懺卷一  
8 月 17-18 日 (週五~六) 9:30am ~ 9:30pm 禮拜梁皇寶懺卷二~卷九  
8 月 19 日 (週日) 9:30am ~ 6:00pm 禮拜梁皇寶懺卷十、三時繫念佛事

功德項目：1.總會主 (超薦牌位 5 座、全家消災、發起人、十供養) 6.發起人  
2.會主 (超薦牌位 3 座、全家消災、發起人) 7.供齋  
3.懺主 (超薦牌位 2 座、二名闔家消災) 8.供花果  
4.超薦 大牌位 / 小牌位 9.贊普  
5.消災 大祿位 / 小祿位 10.十供養

地址：1750 Van Ness Ave, San Francisco, CA 94109  
電話：415-776-6538

網址：[www.sanbaotemple.org](http://www.sanbaotemple.org)  
Email：[sanbaotemple.sf@gmail.com](mailto:sanbaotemple.sf@gmail.com)

<input type="checkbox"/> 總會主	<input type="checkbox"/> 會主	<b>《 梁皇法會超薦功德登記表 》</b>	<b>編號</b>
<input type="checkbox"/> 懺主	<input type="checkbox"/> 發起人	字跡工整以便作業。支票抬頭請開 A.B.C.S.	No.
聯絡人：		聯絡電話：( )	
地 址：		Email：	
稱謂 <small>(陽上稱呼亡者)</small>	亡者姓名	陽上姓名	功德金
<input type="checkbox"/> 現金 <input type="checkbox"/> 支票 No. _____ 共計：\$ _____		經手人： 日期： 月/ 日/ 年	

文疏 書寫 初校 二校

<b>《 供齋、花果、消災功德登記表 》</b>						<b>編號</b>
字跡工整以便作業。支票抬頭請開 A.B.C.S.						No.
聯絡人：			聯絡電話：( )			
地 址：			Email：			
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 No. _____ 共計：\$ _____			經手人： 日期： 月/ 日/ 年			

# AMERICAN BUDDHIST CULTURAL SOCIETY

## EMPEROR LIANG DHARMA-ASSEMBLY OF FILIAL-PIETY & GRATITUDE

*FOR THE DHARMA DOES NOT ARISE ALONE, RELIANT UPON CONDITIONS DOES IT EMERGE.  
 EMPEROR LIANG AND MASTER ZHI INITIALIZED MERCY AND EMPLOYED COMPASSION,  
 COMMENCING THE RARE AND EXTRAORDINARY REPENTANCE  
 WHILE BUILDING THE ACCUMULATION OF TRANSGRESSION-ELIMINATING MERITS.  
 RELATIVES AND THOSE WE ARE GRATEFUL TO OF THE THREE MIRS ARE FREED FROM SUFFERING  
 AS HUMAN AND CELESTIAL BEINGS ENHANCE THEIR LOTUS GRADES.*

In order to promote the *Month of Filial Piety* through encouragement of the virtues of filial piety and gratitude, and give opportunity to commemorate our ancestors, as well as friends, American Buddhist Cultural Society will conduct the *Emperor Liang Dharma-assembly of Filial-piety & Gratitude* from August 16<sup>th</sup> through August 19<sup>th</sup>, 2018. Meritorious virtues will be dedicated towards rebirth in the Pureland for those who have departed, for the blessings and wisdom of our laity and peace within society as well as the world. You and your family are cordially invited to participate in this event, together acquiring benefits of the Dharma.

**American Buddhist Cultural Society**

**T I M E:** **August 16** (Thursday) **7:00pm~9:30pm** Purification 、 Repentance Scroll 1  
**August 17-18** (Fri~Sat) **9:30am~9:30pm** Repentance Scrolls 2 ~ 9  
**August 19** (Sunday) **9:30am~6:00pm** Repentance Scroll 10, Amitabha Thrice Yearning Service

- DONATIONS:**
- 1. Main Assembly Head** (5 memorial plaques, disaster eradication, initiator & ten offerings)
  - 2. Assembly Head** (3 memorial plaques, disaster eradication, & initiator)
  - 3. Repentance Head** (2 memorial plaques & disaster eradication)
  - 4. Memorial Plaques** large plaque、 small plaque
  - 5. Disaster Eradication** large plaque、 small plaque
  - 6. Initiator**
  - 7. Meal Offering**
  - 8. Flower & Fruit Offering**

- 9. Universal Food**
- 10. Ten Offerings**

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### 《 Memorial Plaque Registration Form 》

Please PRINT clearly. Checks payable to A.B.C.S.

Office Use Only

No.

Contact Person :		Contact Number : (    )	
Address :		Email:	
Relation of Departed	Name of the Departed	Names of the Living	Donation
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ Total : \$ _____		Processor : _____ Date :    /    /	

文疏    書寫    初校    二校

### 《 Flower & Fruit, Meal Offering, Disaster Eradication Registration Form 》

Please PRINT clearly. Checks payable to A.B.C.S.

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