I would like to support the New York Buddhist Church by becoming a pledged member or by making a gift of membership.

Check membership level: （該当する項目にチェックマークをお願いします。）

Single-adult household at $250.00（成人1名と１８歳未満のお子さんの家族会員　＄２５０）

Two-adult household at $500.00（成人2名と１８歳未満のお子さんの家族会員　＄５００）

 Single-adult household between the age of 18-30 at $75（１８〜３０歳の個人会員　＄７５）

 Two-adult household--both adults are between the ages of 18-30 at $150（１８〜３０歳の家族会員

　　　＄１５０）

Additional adults at $250.00/$75.00（個人会員＄２５0/＄７５）

Name(s) (ご氏名) and Date(s) of Birth（誕生日）of all adults and children covered by this Membership Pledge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; (add additional page, if necessary)

Address（ご住所）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: （お電話番号）Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address（Eメール）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payments will be made (お支払方法) , please check a box.（該当する項目にチェックマークをお願いします。）

Annually（一括払い） Semi- annually（２回払い）

Quarterly（４回払い） Other（その他）EXPLANATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This membership is a gift.

Payment enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（お支払金額合計）Please mail checks to New York Buddhist Church, 331-332 Riverside Drive, New York, NY 10025. Membership can also be submitted online at [www.newyorkbuddhistchurch.org](http://www.newyorkbuddhistchurch.org).

Additional donation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（その他寄付金）

Signature of Applicant （ご署名） :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date （日付）:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your support to the Temple

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