

Butterlamp Request Form

Chagdud Gonpa Amrita

Offering: \$0.50 per Lamp

Name: _____

Address: _____

City, State & Zip: _____

Contact Phone: _____

Email Address: _____

Dedication and Special Instructions:

___ My Check in Enclosed (any amount)

___ Please Charge \$ _____ to my Visa/Mastercard (\$10 minimum)

Cardholder's Name

Card Number

Exp. Date

Signature

Mail the completed form to:

Chagdud Gonpa Amrita
ATTN: Butterlamps
2223 N.E. 137th St.
Seattle, WA 98125