



2018 Fo Guang Shan Nan Tien Temple Ullambana Festival

Amitabha Triple Contemplation Dharma Service

Ullambana Festival is a traditional event dating back to Buddha's time to promote filial piety and gratitude to our parents. Nan Tien Temple will hold a Dharma Service on Sunday 26th August 2018 at 10:00 am for "Offerings to the Buddha & Sangha" and at 1:00 pm "Amitabha Triple Contemplation Dharma Service and Transference of Merits". The merits of chanting can be transferred to our deceased parents or ancestors to alleviate them from the lower realms so that they may enjoy peace and blessings.

Nan Tien Temple

Venue: Nan Tien Temple Main Shrine

Date: 26th August 2018 (Sunday)

Time: 10:00 am -- Offerings to the Buddha & Sangha

1:00 pm -- Amitabha Triple Contemplation Dharma Service

Mail Address: Nan Tien Temple Pagoda

P.O.BOX 1336, Unanderra NSW 2526

Contact Person: Venerable Zhi Shan

Tel: 02 - 4272 0644

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Plaque sizes: Large \$100 Medium \$50 Small \$30 (One name per plaque)

PID _____

Contact Person Details (* Indicates required field)					
*Contact Person		*Gender	<input type="checkbox"/> M <input type="checkbox"/> F	*D. O. B	*Phone No.
Mailing Address				Email	
Relationship to you ⁽¹⁾	Name of Deceased ⁽²⁾	Your Name		Plaque Size	Amount
				<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	\$
				<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	\$
				<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	\$
				<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	\$
Light Offering \$80/each Deceased Name _____ Your Name: _____ Food Offering To All Service participants \$ _____ Your Name: _____ Food Offering To All Ancestors \$ _____ Your Name: _____					
Remarks: (1) "Relationship to you" includes: Ancestors, Late Grand Father/Mother, Late Father/Mother, Late Husband/Wife, Late Brother/Sister and Late Friends. (2) "Name of Deceased" also includes: Past Kamic Creditors and Sentient Beings of Ten Directions.					
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Cheques payable to: IBAA CO-OPERATIVE LIMITED				Total Amount: _____ Date: _____	
				Handled by _____	