

SCRIP ORDER FORM

Name _____ **Phone/E-mail:** _____

Merchant Name: _____ No. of cards: _____ Denomination: \$_____ Total: \$_____

Merchant Name: _____ No. of cards: _____ Denomination: \$_____ Total: \$_____

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Merchant Name: _____ No. of cards: _____ Denomination: \$_____ Total: \$_____

Grand total enclosed: \$_____

Please send order form & payment (check or cash ONLY) to:

Buddhist Temple of San Diego
ATTN: SCRIP ORDER
2929 Market Street
San Diego, CA 92102