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MINNESOTA BUDDHIST VIHARA INC.
3401 N. 4th Street, Minneapolis, MN 55412
Tel/Fax: (612) 522-1811 Email: mnbvusa@yahoo.com http://www.mnbv.org

The Sangha upholds and teaches Dhamma, the path to Awakening. Lay disciples learn, practice and support the Sangha. With such help the Sangha can provide benefits from Dhamma to all the people.

Dear Friends:

Minnesota Buddhist Vihara Development Fund

The Minnesota Buddhist Vihara was founded in March 2004 to fulfill a long felt need of a local Sri Lankan temple.

The Vihara has been providing a dhamma school, dhamma discussions, sil observations, meditation sessions, blessings and offerings, language training and cultural activities to all communities in MN and surrounding states.

At this time we are seeking your financial help in developing this temple and continue expanding the services it offers. Such support would surely be a great meritorious act.

Any amount you can contribute would be greatly appreciated. You may contribute to the fund either periodically (monthly, quarterly, bi-annually, annually) or in a lump sum, whichever is more convenient for you.

Your contribution will be tax exempt. Please make your checks out to "MNBV Development Fund".

Please complete and email or post the attached membership form.

Wishing you a healthy, joyful, happy and prosperous long life.

May all beings be well and happy with blessings of Triple Gem!!!

With Metta,

Ven. Witiyala Seewalie Thera
President/Abbot, Minnesota Buddhist Vihara Inc.

Minnesota Buddhist Vihara is a non-profit, religious and charitable organization set up under the Section 501 (A) of the Internal Revenue Code in accordance with its section 501(c) (3) and 170 of the code.

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Membership No: _____

Membership / Contribution Application

I would like to be a member of the MNBV and pledge the following amount:

Monthly Contribution US $: ____40 _____60 _____100 _____Other / Amount: _____

Method of payment: ____ Cash _____Check ____Bank ____Transfer

Time of Payment: _____Monthly ____Quarterly _____Bi-annually _____Annually

Name: _____

Address: _____

City: _____ **State: MN/_____** **Zip:** _____

Home phone: _____ **Work phone:** _____

Email: _____

Date: _____ **Signature:** _____

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