

Karma Triyana Dharmachakra The North American Seat of His Holiness the 17th Gyalwang Karmapa

Please list item or items he	ere:					
DATE:	TOTAL: _		_ BALANCE: _			
(Print) Name:						
Address:						
City:				_ State:	Zip:	
email:						
Telephone:						
Payment by: Cash	Check (to KTD)	Credit Card:	Visa	M	laster Card	
Secure Credit Card Payme	nts: Card #				Exp. Date	