

TRUE PARENTS' MARRIAGE BLESSING CEREMONY- FEBRUARY 17, 2010
Blessing Fee for Matching Candidates- Payment Form

Payment for (Candidate's Name) _____

PLEASE PRINT CLEARLY

*The Blessing fee, established by our True Parents, is an historical condition and offering of sincerity to receive the gift and grace of the Blessing. The Blessing fee is **\$2,000**. For candidates traveling to Korea **\$1,500** is acceptable to accommodate the many travel expenses. The fee for those Blessed before, who paid their full fee previously is \$500.*

- **In case of financial hardship, a minimum of \$1000 should be paid prior to the Blessing, with a signed commitment to be completed by May 31st, 2010. Please indicate & sign below.**
- **Fees are refundable or applicable to a later Blessing if for any reason a candidate is not matched this time.**

FORMS OF PAYMENT- Personal checks (payable to "HSA-UWC"), money orders or credit cards.

DEADLINE FOR PAYMENT- Blessing fees must be received at National HQ by Monday, Feb. 10, 2010.

SEND PAYMENT TO- Mail checks or money orders to: National BFD- ATTN: Matching
Room 626
481 Eighth Avenue
New York, NY 10036

CREDIT CARD PAYMENTS:

Complete authorization below, submit by Email to matching@familyfed.org, or Fax to "Blessed Family Department- Blessing Fee": FAX # (212) 997-0051

CREDIT CARD AUTHORIZATION- Requires additional 3% transaction fee

Cardholder Name: _____ Date: _____
(AS IT APPEARS ON CARD)

Address: _____

City: _____ State: _____ ZIP: _____

Circle one: VISA Mastercard AMEX Discover Amt Authorized: \$ _____

Credit Card No.: _____ / _____ / _____ Expiration Date: _____ / _____

Telephone: _____ Email: _____

SEND RECEIPT TO: FAX: _____ **EMAIL:** _____

NOTE: USA Blessing Staff will also have all payment information and receipts with us in Korea.

AMOUNT SUBMITTED (min. \$1000): _____ **REMAINDER** (due by Feb. 15, 2010): _____

I recognize that full payment of my Blessing fee is an important historical condition to receive the gift of the Blessing, and promise to complete this payment in its entirety by February 15, 2010.

_____/_____/_____
SIGNATURE DATE

SUBMIT THIS FORM W/ APPLICATION TO matching@familyfed.org, or Fax to (212) 324-9227