

## Sharing Happiness Company

### ★ Personal Information

English Name / \_\_\_\_\_  
Business Name / \_\_\_\_\_  
Cell Telephone / \_\_\_\_\_  
Address / \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
Email / \_\_\_\_\_

### ★ Support Amount(✓ )

☐ \$200 / Monthly    ☐ \$400 / Monthly    ☐ \$\_\_\_\_\_ / Monthly

### ★ Support Method (✓ )

☐ Check / Money Order (pay to / Dail Community of USA)

☐ Auto Pay

Bank Name : \_\_\_\_\_

Routing No : \_\_\_\_\_

Account No : \_\_\_\_\_

Transfer Date ;    ☐ 5th    ☐ 25th (✓)

☐ Debit/ Credit Card

Type/ ☐ VISA    ☐ Master    ☐ American Express    ☐ Other

Card No/ \_\_\_\_\_

CVV No/ \_\_\_\_\_ (3~4 digit security number on the back of the card)

Exp. Date(mm/yy)/ \_\_\_\_\_

Name on card/ \_\_\_\_\_

Signature / \_\_\_\_\_ Date:    /    /

★ Please send this support application form to the Dail community of USA office.

pay to / Dail Community of USA

Address/ Dail community of USA

P.O.BOX 337, Suwanee, GA 30024-0337

(TEL / 770-813-0899, FAX/ 770-813-0133)