

Dharma Teacher Training Financial Agreement

Today's Date: _____

Choose Your (Two) Preference(s) (Indicate with a 1 in box for #1 and 2 in the box for #2 preferences)

Wednesdays at 5pm EST

Wednesdays at 7pm EST

Saturdays at 4pm EST

First & Last Name: _____

Street Address: _____ City: _____

St: _____ Zip: _____ Country: _____ Email: _____

Donation Options

1. One-Time Payment for Training: Amount \$ _____

2. Monthly Donation: Amount \$ _____

Beginning 1st day of each month for 12 months

Option #1 By Credit Card _____

(Circle One) Visa Master Card Discover

Credit Card #: _____, Exp Date: _____,

CVV Code: _ _ _

Option #2 By Paypal _____(X) (*Set up paypal payments made out to email address:
ronyared8@gmail.com*)

My signature gives permission for the donation amount listed above to be paid at the interval time period chosen.

Member Signature: _____

Thank You!

Please email scanned copy of this form to: ronyared8@gmail.com