

MINDFULNESS

Based Stress Reduction Program



Payment Form

First Name: _____

Email Address: _____

Last Name: _____

Phone Number: _____

Address: _____

City: _____

Payment Options (Cash, Credit Cards, & Checks)

☐ One-time Payment of \$235.00

☐ Payment Plan—\$35 deposit and 4 payments of \$50.00 (every other week)

☐ Payment Plan—\$35 deposit and 8 payments of \$25.00 (every week)

☐ Other: _____

☐ Partial or full scholarship Amount I will pay: _____