

# Rime Center Deferred Payment Plan

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Night Time Phone \_\_\_\_\_

Date of Application: \_\_\_\_\_

I am requesting deferred payment plan for the retreat led by: \_\_\_\_\_  
\_\_\_\_\_

Retreat Dates: \_\_\_\_\_

I am making the required deposit of at least 10%: \$ \_\_\_\_\_

Leaving a balance of: \$ \_\_\_\_\_

I plan to pay off the balance as follows (all payments must be completed within three months of the first day of the retreat and not exceed three payments plus the deposit):

<u>Date</u>	<u>Payment Amount</u>
_____	\$
_____	\$
_____	\$

\_\_\_\_\_  
Signature

*Please submit to Rime Buddhist Center Office*