

Family Practice **Continuing Registration**



Child's Name _____

Current Age _____

Child's Name _____

Current Age _____

New Address _____

New Email _____

New Phone _____

Other New _____

FAMILY PRACTICE AGREEMENT

I have a meditation practice (at least once a week) and am exploring Zen Buddhism at AZC.

My family will make a financial contribution to AZC that is appropriate to our situation and that reflects the value of this program to us. *If needed, a pledge form for AZC membership is attached.*

I will let Family Practice Director Ramana Waymire know when my family cannot attend.

Signature _____ Date _____



ashland zen center monthly pledge

name _____

address _____

phone & email _____

I pledge _____ per month for the year 20____

I have the means to pre-pay all or part of my
annual pledge.

total enclosed: _____

or, I support Ashland Zen Center with this single offering:

\$35 \$70 \$125 \$250 \$500 \$1,000 \$_____

thank you.

Monthly pledges and regular donations enable us to keep the zendo open, meet expenses, and express gratitude for the teachings.

Donations made to AZC are tax deductible. Pledging members receive a discount on sesshin fees and enjoy AZC library privileges.