

Monthly Payment Form

Choose the monthly payment below that you can afford **or** indicate the payment amount of your choice:

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | \$100.00 |
| <input type="checkbox"/> | \$150.00 |
| <input type="checkbox"/> | \$200.00 |
| <input type="checkbox"/> | \$500.00 |
| <input type="checkbox"/> | \$ _____ (Other) |

****Please Note: Monthly payments cannot be less than \$50.00****

Printed Name

Signature

Email Address

Date