

Springwater Center

7179 Mill St.
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for meditative inquiry and retreats

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Retreat Assistance Application

The Retreat Assistance Fund is sustained through contributions from generous donors. It is intended to help people attend retreat who have few assets and limited income.

Name _____ Date _____

Mailing Address _____

City/State/Zip _____ Country _____

Daytime phone _____ Evening phone _____

Email _____

Annual Income _____

Occupation _____ No. of Dependants _____

Retreat for which you are seeking assistance _____

Note: The Retreat Assistance Fund is a limited resource. It is not in a position to provide more than half the retreat fee. If you are able to pay more than half the fee yourself, it will help to sustain the fund for others to use.

Please indicate the amount you are able to pay for the retreat yourself: \$ _____

Please explain in the space below the reasons you are requesting assistance. Your request will be reviewed. We may need to contact you by email for further clarification, but will otherwise notify you by email of the amount of support the fund will provide.