

YES! I want to join Hokyoji Zen Practice Community.

Please include me as a member friend. Here's my gift of \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Please fill out this form and return it with your contribution to Hokyoji Zen Practice Community, 2649 County 5, Eitzen, MN 55931.

Thank you!