

Beat Parkinson's Today, Inc.
Financial Assistance Request Form
(for Premium Contract Program)

Beat Parkinson's Today, Inc. is a non-profit organization dedicated to helping individuals living with Parkinson's disease through specialized exercise programs. We strive to ensure that financial challenges do not prevent participation. Please complete this form to request financial assistance.

Applicant Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Address:

City:

State:

Zip:

Financial Information

Are you currently employed? Yes No

Household Size:

Estimated Monthly Household Income:

Do you currently receive financial assistance? Yes No

If yes, please specify:

Assistance Requested

Note: Our Premium Contract allows for unlimited classes. The base cost is currently \$115 per month.

Amount requested per month:

Statement of Need

Acknowledgment & Signature

I agree to attend a minimum of 2 classes per week, or my assistance will be suspended.

I understand that payments will be paid via credit card to Beat Parkinson's Today, Inc., through the monthly auto-pay program.

I understand I may cancel future payments by providing notification in writing no less than 7 days before the next scheduled payment.