

REFUND

c/o Yogi Way™, LLC

POB 300

117 East Louisa, Seattle, Washington 98102-3203

Please **print** the following information on a 8 x 10 white paper:

Your name _____

Date of Birth _____ some clients have the same name

Telephone # _____

Type of Membership, or class card _____

Amount (if you know it) _____

Note: _____

Self Addressed, stamped envelopment enclosed

We thank you for your understanding and patience, should you have any questions, please contact YogiWay@mac.com