

CHURCH PARTNERSHIP VOUCHER

VOUCHER #:	(SpringHaven Off	ice use only) DATE: _			
CHURCH:					
BILLING ADDRES	S:				
	Street Address	City	State	Zip Code	
CHURCH PHONE	#:				
We request payn	nent for services to be divide	d accordingly:			
	\$	Church	Church Portion		
	\$	\$ Client			
	= \$	575.00 (Total fee per se	ssion)		
	norizeof a minimum of 6-12 session		ecognizing that	short term therapy	
(Check one):					
Yes, we v	vill be willing to consider aut	horization of additiona	l sessions follow	ving the contact of:	
		6	at		
Authorized Church Contact			Phone #		
	o not wish to authorize addit "providing they agree to cov		•	e under the "Church	
Authorized signa	tures:				
Authorized Church Contact			SpringHaven Director		