



Church Monetary Sponsorship Form

Client Name: _____ Referral Date: _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Church Name: _____

Church Contact Name _____ Phone Number _____

Billing Address _____

City _____ State _____ Zip Code _____

Billing Method: _____ Email Address: _____

New Life Counseling's church rate is \$50 per session. Please indicate below how much of the fee your church would like to pay, the client will be charged the remainder of the fee at the end of each session.

The church agrees to pay \$_____ out of the \$50 session rate. For _____ sessions (# of sessions you wish to sponsor).

Brief Description of reason for referral:

PLEASE NOTE:

1. Client must contact New Life Counseling for their appointment after church authorizes sponsorship.
2. Should the client wish to continue counseling after the church sponsorship sessions have been completed they will be charged the church rate of \$50 per session.
3. Should the church wish to sponsor more sessions a new Church Sponsorship Form must be completed.

Pastor/ Designee Signature: _____ Date: _____

Telephone Referral: Yes No Authorized by: _____

Completed forms can be emailed to nlcadmin@abcs.org or faxed to 520-795-7581
Feel free to call New Life Counseling at 800-678-0648 if you have any questions