

Pillars of Light and Love

Application for Free or Discounted Services



Applicant Information

Name	
Street Address	
City, State, Zip	
Cell Phone	Work Phone
E-Mail Address	

Services

Please select which services you feel would benefit you:

- | | |
|---|--|
| <input type="checkbox"/> Life Coaching | <input type="checkbox"/> EMDR (Eye Movement Desensitization and Reprocessing) for Anxiety, Excessive Worry, PTSD, ADHD, Past Trauma, Emotional Abuse, Fears, Obstacles, Addictions and more! |
| <input type="checkbox"/> Nutrition Coaching | |
| <input type="checkbox"/> Grief & Loss Support | <input type="checkbox"/> Relationship Coaching |
| <input type="checkbox"/> CranioSacral Therapy | <input type="checkbox"/> Biomat ® for stress relief and relaxation |
| <input type="checkbox"/> Oncology Massage | <input type="checkbox"/> Emotional Freedom Technique/EFT/Tapping for Anxiety, Fear, Worry |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Therapeutic Massage for Stress Relief and Chronic Pain |
| <input type="checkbox"/> Reiki Energy Healing | <input type="checkbox"/> Yoga- For Stress Relief and Flexibility |
| <input type="checkbox"/> Chronic Pain Relief | <input type="checkbox"/> Other: _____ |

Brief Description of Your Service Request

Please briefly explain your need for personal services and your current financial challenges, if any. If you are not certain which service will be best, we will offer recommendations after reviewing your request:

Benefits of Services

Briefly explain what you hope to gain from the services:

Agreement and Signature

Pillars of Light and Love is a 501c3 non-profit who has dedicated an amount of funds to be used for services at the Empowering U Center in Trappe, PA. Funds are available for those facing financial hardship, as well as those with Serious Illness or Disability, Caregivers of those with Special Needs, Disabled Veterans, and others, as may be determined by the Board of Directors. All service providers have been Certified and are Insured, if applicable. We are not a medical establishment, nor do we diagnose or treat diseases. If you have a serious physical or mental condition, you should speak with your physician. Please speak with your Physician before receiving any services.

It is the policy of this organization to provide equal opportunities without regard to Race, Color, Religion, National Origin, Gender, Sexual Preference, Age, or Disability.

By submitting this application, I affirm that the facts set forth above are true and complete. I understand that if I am accepted for services, any false statements, omissions, or other misrepresentations made by me on this application may result in service cancellation and repayment in full for services received.

Name (printed)	
Signature	
Date	

Please provide any additional information you would like us to know:

Please save this application to your computer and then email it to us at the email address below. Or you may print it and mail to the address below, or feel free to drop it off at our office at the Empowering U Center. Thank you for your interest in Pillars of Light and Love. We will be in touch with you shortly!

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