

Request for Discount

Chosen Together: Consultation

Name of Contact: _____ Title: _____

Congregation Name: _____ Denomination: _____

Address: _____ City, State: _____

Email: _____ Phone: _____

Estimated Number of Confirmands: _____

Along with the curriculum, we would like to purchase the:

- Full consultation (2 hours) Limited Consultation (1 hour)

Total Annual Income from Previous Fiscal Year or Current Budget: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Note to Requestor: You may submit this form via email or standard mail. Submission of the Request for Discount form is not a guarantee of receiving the discount. If the Publisher approves the Request, you will receive an email with a coupon code and instructions for ordering.

Questions? Contact the Publisher:

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