

Referral Voucher

To:
Cross Connections of Tippecanoe County
839 Main Street
Suite 500
Lafayette, Indiana 47901
(765)412-8512



Description of services ordered:

Name of congregation _____ agrees to pay Cross Connections of Tippecanoe County _____ % (\$ _____) of the \$150.00 per counseling session fee for a total of ____ Sessions.

These services are to be provided to:

Name of parishioner: _____

Address of parishioner: _____

City _____ State _____ Zip _____

Number of sessions: _____

Church payment per session \$ _____

Total \$ _____

Purchase order # _____ and Date _____ (Optional)

We understand our church will be invoiced for each session at the completion of every appointment.

Authorized by _____ Title _____ Date: _____

Name of church: _____

Address of church: _____

City _____ State _____ Zip _____

Phone _____ Email _____