

St. Peregrine Reiki Fund for Cancer Patients
Bringing Hope and Faith to those who Request Healing

Application Request for Assistance:

Date of Request:

Contact Info:

Name: _____

Address: _____

Phone #: _____

Email Address: _____

How did you hear about us?

Please tell us about yourself and your illness. How it is impacting your life?:

How do you feel receiving Reiki treatments will assist you?

Please explain to us how your illness has created financial hardship and why you feel you qualify to receive assistance towards receiving Reiki treatments through The Soul Purpose.

FAX COMPLETED FORM TO: 1 206-495-1753