

FIRST CHURCH OF RELIGIOUS SCIENCE
14 East 48th Street, New York, NY 10017
(212) 688-0600

Spiritual Mind Treatment Department – Request for Treatment

When you submit a treatment request you are expressing a desire for inner and outer change. It is necessary that you cooperate with the Treatment Department by devoting time to your own daily spiritual work. The Treatment Department of FCRS is pleased to undertake this work for you.

Please Print Neatly:

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This treatment is for: Myself
 Another Name: _____

I have permission to request treatment work for this person:
 Yes

My treatment request is for: *(A treatment is for **one** specific area of need)*

Health/Wholeness Prosperity/Ease of Living
 Relationship/Harmony Job/Career/Talent Recognition and Opportunity

Write briefly what you desire to experience and, in Summary, what you believe has prevented you from enjoying your desired good. Take the time to present this information in a concise and clear manner.

Please treat about: *(Print Neatly)*

Requests are handled in confidence by a Religious Science Practitioner affiliated with this Church. This program is supported by the contributions from those who have been served and helped.

I enclose \$_____ for the support of this work. (Contributions are tax-deductible.)

File No. _____

Signature _____

Date: _____