



249 North River Road,  
Ottawa  
PeggysOasis@gmail.com  
613-421-3138

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## Sponsorship Program Application Form

**Our intent is to offer a number of services that are financially subsidized. The availability of services is dependant upon what services are available in our “pool” of sponsored services. We cannot make any guarantees about what services you may be offered until we process your application.**

Please complete the following information and submit this form online or by mail:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ (We will not release your name or email to any third party)  
Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

**Please describe your circumstances to indicate the reason for you to be considered for sponsorship at this time:**

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**SPONSORSHIP PROGRAM APPLICATION-continued from page 1**

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**We have a requirement that our subsidized clients contribute financially to our sponsorship “pool”.** This way you are contributing to the holistic care of others. You would be expected to contribute a minimum of \$10 per \$100 (10%), up to a maximum of \$40 per \$100 (40%) of services. Typically a package of services may have a value of \$500, accordingly you would pay about \$50 to \$200 for your package of services. We ask that you fully consider this question and suggest the amount you would be willing contribute to the sponsorship “pool”, such as 10%, 20%, 30%, 40%, including comments if desired:

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**SIGNATURE OF CLIENT**

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**DATE**

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**SIGNATURE OF PRACTITIONER or MGMT.**

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**DATE**