

Solace Application

First let me express my condolences on the loss of your loved one and thank you for your interest in a telephone reading.

Your intent to have me communicate with your deceased loved one creates energy links between myself and your loved one that I follow in trance state. Your presence on the telephone further energizes and guides the communication.

My work is always dedicated to God and for good. The prayers I say at the beginning of the reading are to protect all of us from any unwanted influences.

Please do not expect your loved one to have the winning lottery numbers. If they couldn't predict them in life they can't predict them in the afterlife either. Our loved ones don't become different people. For example, a teenager still has the perception and maturity of a teenager.

When you return this application we will set a date to do your reading as soon as possible for us both. I will not process your check or credit card until after the reading.

I prefer to work in the morning before the day's concerns take over my mind. I will call you on an unlisted telephone. I may call to test the given number a day or so ahead.

The trance part of the reading will take about an hour and you will receive an audio tape so you can share it, and review it. Please avoid possible interruptions on the day & time of the reading.

Until July 1, 2010, I am asking \$95.00 per session if paid via check and \$100.00 if paid via credit card which includes the cost of the phone call and the mailing of the audio tape.

You may return the application with a check for \$95.00, made to Gretchen Vogel, PO Box 222, Keene, NH 03431. If you wish to pay via credit card (\$100.00) I can either send you a Pay Pal money request via email or you can fill in your credit card information below. I do not keep numbers on file. You may also e-fax the application back to me at 866-519-5375.

First name of deceased: _____

Relationship & year of death: _____

Phone number I'll call for reading inc. area code: _____

Your email address, ****important for scheduling**** _____

If paying via credit card are you requesting a pay pal invoice for \$100.00 : yes: ___ no: ___

If paying now via credit card, number: _____ exp _____

Name as it appears on the card _____

Signature of card holder _____

Address to mail the tape: _____

By signing this application you acknowledge that Gretchen Vogel is not representing herself as a mental health care professional. Also that any benefits derived from or distress caused by this association or conversation are solely your own responsibility.

Signed _____

signed on this date _____

Gretchen Vogel PO Box 222, Keene, NH 03431, 603-209-1032v. 866-519-5375 fax