



Email/Mailing list Permission Form

I _____ give permission for my address/email address to be added to the Thrive mailing list and to receive information in regard to

- Future seminars, classes and events being offered by Thrive
- Ways to give back to the Thrive Scholarship Fund to enable low-cost and free seminars in the community and help people who want help, but struggle to afford it, find the help they need.

Your information will not be shared with anyone else and will only be used for Thrive Counseling and Coaching events or purposes.

Signature

Printed Name

Date