

# S.O.U.L

THE STEWARDSHIP OF UNIVERSAL LIGHT  
thestewardsoul.com | aifatunji@outlook.com | (414) 210-8347

## INVOICE Sacred Union Support Sessions (3-Session Package)

### BILL TO

Client Name

Street Address

City, State, ZIP

Client Email

### INVOICE DETAILS

Invoice #:

SOUL-2026-006

Invoice Date:

Due Date:

Due before first session

Service Date (Start date):

| DESCRIPTION                                                                                                   | QTY | RATE     | AMOUNT          |
|---------------------------------------------------------------------------------------------------------------|-----|----------|-----------------|
| <b>Sacred Union Support Package</b><br><i>3 couples sessions, 90 minutes each (\$175 single-session rate)</i> | 3   | \$165.00 | \$495.00        |
| Subtotal                                                                                                      |     |          | \$495.00        |
| Tax                                                                                                           |     |          | \$0.00          |
| <b>TOTAL DUE</b>                                                                                              |     |          | <b>\$495.00</b> |

### SERVICE DESCRIPTION

Spiritually guided support for couples seeking deeper connection, sacred alignment, and conscious partnership. Each 90-minute session is a held space for both partners.

### PAYMENT TERMS & POLICIES

- Package is paid in full before the first session and must be used within 120 days.
- Both partners are expected to attend. Please give at least 24 hours notice to reschedule.
- Sessions are spiritual support and are not marriage counseling or therapy.

### PAYMENT METHOD

Cash App: \$aifatunji | Zelle / Venmo / Check payable to S.O.U.L

I will pay by:

*S.O.U.L. services are spiritual, educational, and wellness offerings. They are not a substitute for medical, mental health, legal, or financial advice or treatment, and no specific outcome is guaranteed.*

*Thank you for trusting S.O.U.L. with your journey.*

### CLIENT CONFIRMATION

Client Signature (type full name):

Date: