

# Rachel's Vineyard

## *Post- Abortion Healing Retreat*

### *November 2<sup>nd</sup> – 4<sup>th</sup> , 2018*

Time: Friday 6:15 pm – Sunday 4:00pm

Place: St. Gabriel's Retreat Center  
Clarks Summit, PA

This retreat is private and available to anyone grieving an abortion. Lodging and meals are provided. Let us know if you have special needs. We ask that participants contribute only what they can afford towards the actual cost of this weekend, which is \$125.00 per person.

Our coordinator will contact you by phone to confirm receipt of your application, and to answer any questions that you may have about the weekend. Driving directions will be mailed to you, along with information about what personal items to bring.

For local information contact: Denise Rowinski Mengak- coordinator  
570-822-7118 ext.333

For national information visit: [www.rachelsvineyard.org](http://www.rachelsvineyard.org)  
1-877-HOPE-4-ME

Send the attached registration form to:

Mengak / CSS  
33 E. Northampton Street  
Wilkes Barre, PA 18701

fax: ( 570) 829-7781  
[drowinski@csswb.org](mailto:drowinski@csswb.org)

“Our mission is to provide a safe place to renew, rebuild and redeem hearts broken by abortion. Weekend retreats offer a supportive, confidential and non-judgmental environment to begin the process of restoration, renewal and healing. Rachel's Vineyard helps participants find their inner voice. It helps participants experience God's love and compassion on a profound level. It creates a place where men and women can share, often for the first time, their deepest feelings about abortion. They are allowed to dismantle toxic secrets in an environment of emotional and spiritual safety. Rachel's Vineyard is a therapy for the soul. Participants who have been trapped in anger towards themselves or others experience forgiveness. Peace is found. Lives are restored. A sense of hope and meaning for the future is discovered.”

—Theresa Burke, founder of Rachel's Vineyard Ministries

*APPLICATION* \_\_\_\_\_

\_\_\_\_ Please register me.

\_\_\_\_ Enclosed is a check or money order for \$\_\_\_\_\_  
payable to **DIOCESE of SCRANTON OFFICE of PARISH LIFE**

Name: \_\_\_\_\_ age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers where you would like to be reached:  
\_\_\_\_\_

best day/time to call you \_\_\_\_\_

To help us understand your unique needs and prepare to support you,  
please explain any physical or emotional conditions that you currently  
experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving support from a professional counselor? \_\_\_\_\_

In case of an emergency, who would you like us to call?

Name: \_\_\_\_\_ relationship to you \_\_\_\_\_

Phone numbers: \_\_\_\_\_

In what ways have you experienced the impact of abortion on your life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_