



pivotal treatment for recovery

“Hope is the companion of power, and mother of success; for who so hopes strongly has within him the gift of miracles.” Samuel Smiles

I want to help provide treatment, rehabilitation and housing for women, men and teens. I want to help recover lives and restore hope!

Name: _____

Address: _____ City, State Zip: _____

Email: _____ Phone: _____

_____ Enclosed is my check

_____ Please charge my credit card one-time \$ _____

_____ Please charge my credit card monthly \$ _____

Indicate card type: __Visa __MasterCard __Discover

Card number: _____

Exp date: _____ Security code: _____

Signature: _____

Please return this form to:

CenterPointe
2633 P St
Lincoln, NE 68503

Please be assured no credit card information is physically kept on file. Credit card information is shredded after initial electronic processing.