



Branches mission is to make Christ-centered, emotional & spiritual healing available to everyone regardless of their economic status.

TRACEY
 ROBISON, LPC
 Clinical Director

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BILL
 ROBISON, MA

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DEBI
 RUSSELL, BA

4



CHANDY
 POWELL, MA

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INTERN
 COUNSELING
 OFFICE

**SPONSOR ONE OF BRANCHES' SEVEN
 COUNSELING OFFICES.**

Branches Recovery Center is made up of six counselors, four staff members, an ongoing intern program and many consistent volunteers. Our mission is to never turn anyone away. An investment of \$250 per month or \$3,000 per year will cover the overhead cost of one counseling room and provide hope & healing for those in need. Invest today and heal someone's forever!

TRISH
 WILSON, LPC

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MIKE
 COURTNEY, PhD
 Founder & Director

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- I would like to make a one-time investment of \$3,000
- I would like to make a monthly investment of \$250
- I do not wish to sponsor a room but would like to invest in Branches with a gift of \$_____

Yes! I want to sponsor a counseling room at Branches Recovery Center.

Name of company and/or individual that I would like to appear on the plaque hanging outside the counseling room:

 Make checks payable to:
 Branches Recovery Center
 1450 Battleground Dr.
 Murfreesboro, TN 37129

Make your investment at
www.branchesrecoverycenter.com
OR

To invest monthly please choose an option below.

TO SPONSOR A ROOM MONTHLY CHOOSE ONE OF THE FOLLOWING OPTIONS:

CHECKING ACCOUNT TRANSFER
 Please attach a voided check or deposit slip

CREDIT CARD CHARGE
 __VISA __MC __AMEX __DISCOVER

Card Number _____
 Expiration Date _____

NAME (on card or account) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 EMAIL _____ PHONE _____

I hereby authorize Branches Recovery Center to arrange automatic payments from my account on the 1st day of each month. I acknowledge that the origination of ACH Debits to my account must comply with the provisions of U.S. Law. This authority is to remain effective until Branches Recovery Center has received written notification of its termination. I understand that I can cancel at any time.

SIGNATURE _____ DATE _____