

Your financial support
will truly be the gift that
keeps on giving.



"I looked strong, but
I was fearful, timid on
the inside. It took courage
to get help...to change.
Courage is second
nature to me now."

[Paula, a former client]



OUR HISTORY, MISSION AND SERVICES

CRI-HELP was founded in 1971 on the premise that addicts can recover from the disease of addiction. Our mission is to provide the services that will aid our clients in their recovery. Our commitment to this mission now enables **CRI-HELP** to provide residential treatment, education, prevention, counseling and rehabilitation to chemically dependent individuals and support services for their families.

We have expanded over the years. The Pflieger facility, located in North Hollywood, has 120 residential beds and operates a detoxification program and an outpatient program. In East Los Angeles, the Socorro facility has 78 beds and also operates an outpatient program. At Socorro, quality services are provided in Spanish for our Spanish-speaking clients.

We continually strive to provide quality services that are affordable and to deliver these services with uncompromising integrity.

CRI-HELP assures accessibility to all our services by individuals and families in need, and reserves at least 51% of its treatment opportunities for persons who are uninsured and unable to pay for the services they receive. We now provide client services to more than 1,500 persons annually.

LOOKING TO OUR FUTURE

Our continuing goal is to help each individual who seeks us out develop the tools to help him or her integrate back into the community as a drug-free, self-sufficient, and productive member of society. The demand on our resources is never ending and we will continue to strive to meet this ongoing demand for services.

"I didn't really think I'd be able to get this thing, recovery. I certainly didn't expect the sense of achievement and self-respect I enjoy today." [Naomi, a former client]

HOW YOU CAN PARTICIPATE

Did you know that every dollar invested in drug treatment reduces the costs of drug related crime, criminal justice, and theft by \$4 to \$7*? When health care savings are included, total savings to tax payers can exceed costs by a ratio of 12:1*.

Professional drug treatment has a positive social impact on our community. Relationships are healed within families. Children are re-united with their parents. Parents whose hearts have ached now share a brighter future with their children. There is also a positive social and economic impact on our community with the return of productive, tax-paying citizens. Your financial support of **CRI-HELP** now is the gift that keeps on giving.

Your financial assistance helps **CRI-HELP** provide program services to all those persons who come to our door seeking help. By partnering with **CRI-HELP** in this way you become an Advocate for our mission and our commitment of service to the community.

As an Advocate you can participate at any one of the following annual donation levels:

- ☛ Patron\$1-99
- ☛ Associate\$100-499
- ☛ Benefactor\$500-999
- ☛ President's Club\$1,000-2,499
- ☛ Gold Circle \$2,500 and up

Every January you will receive a certificate celebrating your support of **CRI-HELP** plus a letter of acknowledgment that documents your gift for tax purposes.

"I had lost all hope. I didn't want to let my son down. That kept me going. Today, I'm not afraid of what might or might not happen, I'm full of hope." [Robert, a former client]

VISIT OUR WEBSITE www.cri-help.org
CONTACT US DIRECTLY advocates@cri-help.org

* *UCLA Integrated Substance Abuse Programs (ISAP), 2005*

Please advise your tax professional that CRI-HELP's tax identification number is 95-275-8951. Your donation is fully tax deductible to the extent of the law.

HOW YOU CAN INVEST YOUR ENERGY AND FINANCES

- I want to learn how I can volunteer to help support CRI-HELP special events.
- I would like to become an Advocate and make a donation of:
 \$15 \$45 \$75 \$125 Other _____
- I would like to donate by installments of \$ _____
 Monthly Quarterly Semi-annually starting with the donation I have enclosed.

Personal Information

Name _____

Address _____

City _____

State _____

Zip _____

Day Phone _____

Fax _____

E-mail _____

Credit Card Information

Payment method: Check M/C Visa AMEX

Credit Card Number _____

Exp. Date _____

Name on Credit Card _____

Billing Address (if different than above) _____

City _____

State _____

Zip _____

Signature _____

Please make checks payable to CRI-HELP, Inc. and return your donation and this completed form to:

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