



# Concrete Cares of Nebraska



## Support Application

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

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

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

Employer: \_\_\_\_\_

Contact Info. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis date: \_\_\_\_\_

Brief description of disease/diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us a little about yourself (Use another page if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to use the funds: \_\_\_\_\_

How did you hear about Concrete Cares: \_\_\_\_\_

If you learned about Concrete Cares of Nebraska through a treatment center or other organized entity, please provide the organization name and location: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document, you are granting Concrete Cares of Nebraska permission to put your name and any pictures acquired at check delivery into their newsletters and discuss the above information amongst board members while reviewing your request for funds. Concrete Cares of Nebraska will not share, sell, or distribute any of the information gained to any other sources.*

Return application to:

PO Box 365, Norfolk, NE 68702 or via email: [Tammi@wortmanconcretepumping.com](mailto:Tammi@wortmanconcretepumping.com)