

Yes, I support The Housing Partnership!

Enclosed is my gift made payable to "The Housing Partnership", in the amount of:

\$1,000 \$750 \$500 \$250 \$150 \$60 \$35 Other

Charge my gift to my credit card: Visa MasterCard

Card # Exp Date

Signature X: _____

My employer will match my gift. *(Please include gift matching form from your employer.)*

I would like information on remembering The Housing Partnership in my will.

I am interested in volunteering with The Housing Partnership.

 I wish to remain anonymous.

NAME *(How your name will appear in our publications.)*

MAILING ADDRESS

CITY

STATE

ZIP

E-MAIL

HOME PHONE

WORK PHONE

My gift is in memory/honor of:

Please send notification to:

MAILING ADDRESS

CITY

STATE

ZIP