

**Your support helps individuals and families with children
who come to the Emmaus Homeless Shelter.**

My/Our First and Last Name

Street Address

City State Zip

Telephone or E-Mail

POSTAGE is expensive. I know you appreciate my gift.
Please DO NOT SEND ME A THANK YOU NOTE.

This gift is in HONOR / Memory of:

Name _____

Please send gift notification to:

Name

Street Address

City State Zip

**I want to help end homelessness and alleviate poverty by supporting
the Emmaus Homeless Shelter. I would like to make a gift of:**

\$1,000 \$500 \$250 \$100 \$50 \$_____ Other

Please make checks payable to Emmaus Shelter

Please charge to my Visa MasterCard Discover. I authorize a **one time** donation of \$_____ **or**
I authorize a **monthly** donation of \$_____ to
be charged to my credit card until further notice.

Print name on credit card

Account Number

Exp. Date

Signature:

Your donation is tax deductible to the extent allowed by law.

- I wish to keep my gift anonymous.
- Please contact me about making a planned gift to the Emmaus Homeless Shelter
- My employer provides matching funds and I have enclosed the necessary form to submit.
- I have included Emmaus Homeless Shelter in my will.