

# Yes, I would like to help HIP Housing

Please fill out the following information.

Upon completion of this form, please print and mail it with your donation to:

HIP Housing  
364 South Railroad Avenue  
San Mateo, CA 94401

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Enclosed is my investment of (please check one):

- \$2,500 to place 10 families in permanent housing
- \$1,000 for an apartment unit to be rehabilitated for a low-income family.
- \$500 to support single-parent workshops in parenting, budgeting and other life-skills.
- \$250 to place one person in shared housing.
- \$100 for heat and hot water for a Self-Sufficiency house for one month.
- \$50 to help seniors remain in their own home through reverse mortgage education and counseling.
- \$25 for child-care for six children during life-skills workshops.
- Matching gift
- Other Occasion: \_\_\_\_\_

My gift is to recognize (please check one):

- Name: \_\_\_\_\_  Birthday  Wedding  Memorial  Anniversary  Other occasion: \_\_\_\_\_

Please send an acknowledgement of my gift to: \_\_\_\_\_

I would like to make a monthly pledge of \$ \_\_\_\_\_.  Please send monthly reminders

I would like to pay by:  VISA  Mastercard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please list how you would like your name to appear in acknowledgements:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please contact me about:

- An employer matching gift
- Volunteer opportunities
- A gift of stock or other property
- A gift to HIP Housing in my will.

Your gift is fully tax deductible (Tax I.D. #94-2154614).

Please make your check payable to HIP Housing.

Thank you for your support!

