

Yes, I would like to help!

Use my enclosed tax deductible gift to help families at Our House to overcome homelessness.

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

Please fill out below, and mail with your gift to the address at bottom.

Name:				_
Address:				_
City:	State:	Zip:		_
Email:				-
ome Phone: Work Phone:				
I want to add Our House to r	ny will. Please con mployer about compar	ny matching for this charitable donation. Ma tributions made by their employees.		
		acknowledgement of my gift to:		
				_
		Zip:		_
Gift given by:				
Check payable to "Our House,	, Inc." enclosed O	R Charge my credit card (circle one)	MasterCard VISA	AMEX
Account Number:		Exp. Date:	Code:	
Name on Card:		Signature:		

Thank you for your contribution.

All donations are tax-deductible as provided by law. Our House is a 501(c) (3) corporation (Tax ID # 58-1743333).

Mail your form to: Our House, Inc. 173 Boulevard NE, Atlanta, GA 30312 (404) 522-6056 www.ourhousega.org