



**Strike Out Homelessness!**  
please donate to the  
**HOUSING SUPPORT FUND**  
**2018 GOAL: \$25,000**



**Help us build a better world for people experiencing homelessness.**

## **Our mission**

To prevent and reduce homelessness and increase the quality of life for people with behavioral health issues in New Mexico

## **Our approach**



Permanent Housing

Supportive Services

Changes Lives

## **How to help**

### **DONATE**

Your donations are the foundation of our work.

### **SPONSOR**

Help us Strike Out Homelessness with your event sponsorship!

### **GET INVOLVED**

Your leadership helps move us forward.

## **Your donation provides**

### **TENANT ASSISTANCE**

Provide optimal staffing and other needed services including deposits and transportation to our clients

### **OPPORTUNITY**

Expand supportive services including access to health services, life skills, education, and community building

### **QUALITY OF LIFE**

Create a welcoming, well maintained, supportive environment for our formerly homeless tenants

# Bring someone home and



# end homelessness for good

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

I would like to:

donate to the Housing Support Fund

Sponsor the Annual Strike Out Homelessness event

- Cornerstone: \$5,000 and up
- Director's Circle: \$1,000 - \$4,999
- Builder: \$500 - \$999
- Neighbor: up to \$499

- Strike Out Sponsor: \$5,000
- Gold Pin Sponsor: \$3,000
- Silver Pin Sponsor: \$2,000
- Bronze Pin Sponsor: \$1,000
- T-Shirt Sponsor: \$1,500
- Bowling Team: \$500
- Lane Sponsor: \$150

I would like to host a dinner reception for SHC-NM

I enclose a gift of \$ \_\_\_\_\_

I pledge a total of \$ \_\_\_\_\_ I enclose partial payment of \$ \_\_\_\_\_ and will pay balance by \_\_\_\_\_

I would like to make a recurring donation of \$ \_\_\_\_\_ monthly

Please charge my gift of \$ \_\_\_\_\_ to my credit card  Visa  MasterCard  Discover  American Express

Credit card # \_\_\_\_\_ Expiration \_\_\_\_\_ CCV \_\_\_\_\_

Name on credit card \_\_\_\_\_ Phone \_\_\_\_\_

Credit card address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

address and phone for credit card are same as above

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

This gift is made  in honor of  in memory of \_\_\_\_\_

The gift should be acknowledged to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

You may also donate online  
at [www.shcnm.org/donate](http://www.shcnm.org/donate)