

## My Gift to Samaritan House



**Yes!** I want to help the homeless coming out of a hospital surgery or emergency room stay. I understand that without Samaritan House, these citizens would be forced to recover on the streets, or might continue to return to the hospital repeatedly for the same illness.

I want to support Samaritan House in providing a warm, caring healing haven for the homeless; a place where a bed, bath and meals are provided while their bodies and souls mend.

Please accept my tax deductible gift in the amount of:

\$100 \_\_\_\_\_ \$150 \_\_\_\_\_ \$200 \_\_\_\_\_ Other \$ \_\_\_\_\_

### Your Donor Information:

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email address to receive news and information: \_\_\_\_\_  
*(for Samaritan House use only; we will never disclose your email address)*

I would like to make my gift: in memory of \_\_\_\_\_ in honor of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

Please make checks payable to Samaritan House, and complete the donor information requested below.

Samaritan House  
3424 Park Road  
Charlotte, NC 28209

All gifts represent a contribution to the mission of Samaritan House. Samaritan House is qualified as a charitable organization under Section 501(c)(3) of the Internal Revenue Code.

*Double your gift! Please check with your employer for a matching funds opportunity.*