



Thank you for considering making a gift to Homeward Bound of Asheville!  
 Your support will help our work to end the cycle of homelessness in our community &  
 change the lives of homeless individuals in a significant way.

Here are just a few of the many ways that your gift can help:

\$25: birth certificate and monthly bus pass	\$50: Security deposit for public housing	\$100: Basic needs for an individual in AHOPE Day Center for one year	\$400: Sponsor a woman in Room In The Inn for one year
\$1,000: Deposits for someone to get into permanent housing	\$2,700: Sponsor formerly homeless person in permanent housing for one year	\$5,000: Homelessness prevention services for 10 people.	\$10,000: Sponsor a homeless person in permanent housing for first year

**Print this form, enter your information, and send it with your check (payable to Homeward Bound of Asheville), or credit card information to:**

Homeward Bound of Asheville  
 P.O. Box 1166  
 Asheville, NC 28802

**Contact Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Partner (if joint gift): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I would like to support (please choose an area):

- Where needed most
- A HOPE Day Center
- HOPE to HOME
- Pathways to Permanent Housing
- Room in the Inn
- Other

Amount: \_\_\_\_\_

This gift is a pledge payment.

A matching gift will be made by: \_\_\_\_\_  
(Please check to see if your business is a matching-gift company and what forms need to be filled out.)

This gift is \_\_\_ in honor of or \_\_\_ in memory of: \_\_\_\_\_

Send honorary/memorial acknowledgement to (name and address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card Payment: (\*indicates a required field)

Credit Card: \_\_\_ VISA      \_\_\_ Mastercard

Card Number: \* \_\_\_\_\_ Exp. Date:\* \_\_\_\_\_

3-Digit number on back of card: \* \_\_\_\_\_

Name as it appears on card: \* \_\_\_\_\_

If you have questions about this form or would like to speak with someone about your gift, please contact  
Jim Lowder, our Director of Advancement, at (828) 777-1886 or [jim@hbofa.org](mailto:jim@hbofa.org).