

## MILWAUKEE DOWNTOWN, INC.

To elevate awareness of our community's quality of life programs, which are key in effectively assisting citizens with mental health and substance abuse issues, and ending homelessness.

<b>DONOR INFORMATION</b> (PLEASE PRINT OR TYPE)	PLEDGE INFORMATION
Organization or Donor Name	I (we) pledge a total of
Company Representative (if applicable)	\$
Address	to be paid:
StateZIP	☐ now
Phone	- monuny
Fax	
Email	
CREDIT CARD INFORMATION	I (we) are making this contribution in the form of:
Credit card type Exp. date /	cash
Credit card number	☐ credit card ☐ other
Authorized signature	
Gift will be matched by (company/family/foundation)	
☐ form enclosed ☐ form will be forwarded	I (we) would like our
ACKNOWLEDGMENT INFORMATION	donation to go toward:
Please use the following name(s) in all acknowledgments:	<ul><li>Downtown Homeless</li><li>Outreach Coordinator</li></ul>
☐ I (we) wish to have our gift remain anonymous.	☐ Housing First Endowment Fund ☐ Move-in Kits
()	
Signature(s)	
Date	<ul><li>Rental Application Fees/</li><li>Security Deposits</li></ul>

PLEASE MAKE CHECKS, CORPORATE MATCHES, OR OTHER GIFTS PAYABLE TO:

