

Your membership helps ensure that individuals in need continue to have access to quality permanent housing and supportive services.



**\$50** provides one day of housing for a homeless individual with AIDS at our *Program for Adults*.

**\$100** provides one day in our *Family Program* for a homeless mother with HIV/AIDS and her children.

**\$300** provides one full week in our *Scattered Site* apartment units for a family affected by HIV/AIDS.



17 Executive Park Drive NE, Suite 290  
Atlanta, Georgia 30329  
404-350-0513  
www.JerusalemHouse.org

## 2012 PHILANTHROPY CIRCLE LEVELS

	PRESIDENT'S \$25,000+	ADVOCATE \$10,000 - \$24,999	PATRON \$5,000 - \$9,999	SPONSOR \$2,500 - \$4,999	CORNERSTONE \$1,200 - \$2,499	PARTNER \$500-\$1,199
Directed Gift to Program	■					
Strategic Review with Executive Director	■					
Year-End Briefing with Executive Director	■	■				
Breakfast/Lunch with Executive Director	2	2				
Halloween Bash VIP Tickets	4	4	2			
Personal Guided Tour of Programs	■	■	■			
Major Donor Designation	■	■	■	■	■	
Donor Appreciation Events	■	■	■	■	■	■
Listing in Annual Report and Website	■	■	■	■	■	■

**YES!** I would like to join the **Jerusalem House Philanthropy Circle** with a gift of \$\_\_\_\_\_.

- |  |   |
|--|---|
| <input type="checkbox"/> President's Circle (\$25,000+)          | <input type="checkbox"/> Sponsors' Circle (\$2,500 - \$4,999)   |
| <input type="checkbox"/> Advocates' Circle (\$10,000 - \$24,999) | <input type="checkbox"/> Cornerstone Circle (\$1,200 - \$2,499) |
| <input type="checkbox"/> Patrons' Circle (\$5,000 - \$9,999)     | <input type="checkbox"/> Partners' Circle (\$500 - \$1,199)     |

### PAYMENT OPTIONS

- This is a one time gift.
- I wish to fulfill my pledge through equal payments (please circle):
- Monthly                      Quarterly                      Annually

### PAYMENT METHOD

- Check (payable to **Jerusalem House, Inc.**)
- Credit Card:                      Visa                      MasterCard                      American Express
- Number \_\_\_\_\_ Exp (MM/YY) \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_