



Yes, I want to support Funders Together to End Homelessness.

_____ is proud to be a member of Funders Together to End Homelessness' national network of funders who are leading efforts to end homelessness in their communities and across the country.

<u>Annual Grantmaking Budget for Vulnerable Populations</u>	<u>Suggested Level of Annual Support</u>	<u>Check One</u>
Under \$200,000	\$300	[]
\$200,000 and under \$500,000	\$1,000	[]
\$500,000 and under \$1 million	\$2,000	[]
\$1 million and under \$5 million	\$4,000	[]
\$5 million and under \$10 million	\$7,000	[]
\$10 million and under \$20 million	\$10,000	[]
\$20 million and over	\$15,000	[]

My foundation is interested in supporting Funders Together in other ways that are more appropriate for my organization. Please contact Katie McGonagle at katie@funderstogether.org

Date: _____ Estimated Annual Grantmaking Budget for Vulnerable Populations: _____

Annual Contribution:	_____
Additional Contribution:	_____
Total Contribution:	_____

PAYMENT INFORMATION:

BY CHECK *Enclosed is my check made payable to Funders Together to End Homelessness.*

BY CREDIT CARD

Please charge my: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

CREDIT CARD INFORMATION

NAME _____

EXPIRATION DATE _____

CARD NUMBER _____

SECURITY CODE _____

AUTHORIZED SIGNATURE _____



CONTACT INFORMATION

Membership is extended to an unlimited number of staff from your grantmaking organization. We do not disclose personal information to third parties.

ORGANIZATION NAME _____

MAILING ADDRESS _____

WEBSITE _____

PRIMARY CONTACT NAME _____

PRIMARY CONTACT TITLE _____

PRIMARY CONTACT PHONE _____

PRIMARY CONTACT EMAIL _____

I prefer to be contacted by (select one): PHONE EMAIL EITHER PHONE OR EMAIL

I wish to become more involved with Funders Together.

ADDITIONAL CONTACTS TO BE ADDED AS MEMBERS

Membership is extended to an unlimited number of staff from your grantmaking organization. Please add or update contacts below. We do not disclose personal information to third parties.

NAME

TITLE

PHONE

EMAIL

I prefer to be contacted by (select one): PHONE EMAIL EITHER PHONE OR EMAIL

NAME

TITLE

PHONE

EMAIL

I prefer to be contacted by (select one): PHONE EMAIL EITHER PHONE OR EMAIL

Please return completed form, along with payment to:

Funders Together to End Homelessness
89 South Street
Suite 803
Boston, MA 02111

Questions? Contact Katie McGonagle at katie@funderstogether.org or call 617.245.0314 x102.