



## *Make a Donation*

\_\_\_\_\_  
Your NAME(s)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY & STATE ZIP

\_\_\_\_\_  
PHONE 1

\_\_\_\_\_  
PHONE 2

\_\_\_\_\_  
E-MAIL 1

\_\_\_\_\_  
E-MAIL 2

*Please Fill Out One or More of the Sections Below*

### SUPPORT A LOCAL ORGANIZATION

I (We) wish to support HomePorts as a Local Organization with a contribution of at least \$250 (per household)

Amount Enclosed \$1000 \_\_\_\_\_ \$ 500 \_\_\_\_\_ \$250 \_\_\_\_\_

### IN MEMORY OF SOMEONE

I (We) wish to support HomePorts in Memory of someone (suggested contribution of at least \$250)

Amount Enclosed \$1000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_

Other Amount \_\_\_\_\_

### HELP WITH NECESSARY START-UP EXPENSES

I (We) wish to support HomePorts with necessary start-up expenses (suggested contribution of at least \$250)

Amount Enclosed \$1000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_

### CONTRIBUTION TO HELP COMMUNITY MEMBERS WITH LIMITED INCOMES

Amount Enclosed \_\_\_\_\_

*Use of Your Name to Encourage Others.* \_\_\_\_\_

Please check here if you do NOT want us to use your name in future mailings to encourage others.

*Please make checks out to HomePorts, Inc.; P.O. Box 114; Chestertown, MD*

*All donations are fully tax-deductible.*