

CHRIST HOUSE PARTNER FORM

It takes approximately \$2,500 per day to provide medical care for all 33 patients at Christ House. The **Christ House Partner Program** recognizes contributors who give \$2,500 or more in a year to fill this urgent need.

Partners are invited to choose a remembrance day. Frequently, people choose birthdays, anniversaries, or other days of significance. On your remembrance day, a plaque will be displayed at the entrance to Christ House with your name. You will also receive a special letter describing some of that day's events and relating a patient story. Partners are also invited to visit Christ House on their day (or at any other time) to see our facility, meet staff and patients, and join us for a meal. Please call Matt Rogers in our development office at (202) 328-1100 to schedule your visit.

To become a 2007 Christ House Partner, please fill in the form below and return it in the enclosed envelope. **Thank you for your continued support and generosity.**

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I will continue to care for homeless and sick persons by becoming a 2007 Christ House Partner.

I select _____ as my remembrance day.

Significance of the date: _____

I do not wish to designate a specific date at this time. Please assign me a day.

____ Enclosed is a tax-deductible contribution of \$_____.

____ This is my pledge to contribute \$_____. I will send _____ gifts of \$_____ each.

____ I would like to make my gift on my Visa MasterCard American Express

Monthly amount: \$_____ X 12 months = \$_____.

Card number: _____ Exp. Date: _____

Print Name: _____ Signature: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

I have already included a gift to Christ House in my will. Please list me as anonymous

"Blessed are the merciful: for compassion will be theirs."

Matthew 5:7

RETURN TO: Christ House, 1717 Columbia Road NW, Washington, DC 20009