



ADOPT A NIGHT BY MAIL FORM

STEP#1: Print this form
 STEP#2: Complete the form
 STEP#3: Mail this form along with your donation to:

Opportunity Center for the Homeless
 P.O. Box 63
 El Paso, Texas 79941-0063

Yes... I would like to provide one night of a warm, safe place to sleep, 3 meals a day, and access to crucial supportive services to those in need.

CONTACT INFORMATION

Mr. Ms. Mrs. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home or Mobile Phone: _____ Work Phone: _____

Email Address: _____

I WANT TO ADOPT A NIGHT AT:

| | On Time | Monthly |
|--|---------|---------|
| <input type="checkbox"/> Men's Resource Center | \$1,990 | \$166 |
| <input type="checkbox"/> Women's Resource Center | \$389 | \$32 |
| <input type="checkbox"/> La Casa de las Abuelitas | \$285 | \$24 |
| <input type="checkbox"/> Willie Sanchez-Rosales Family Resource Center | \$385 | \$32 |

AS A..... On Time Gift Monthly Gift Other: _____ Amount: _____

METHOD OF PAYMENT

- Cash
 Check or Money Order
•Please make payable to the Opportunity Center for the Homeless
 Credit Card

Card Type: Visa Master Card American Express Discover

Credit Card #: _____ Security Code: _____ Expiration Date: _____

MEMORIAL/HONORARIUM INFORMATION

My donation is.....

In Memory of: _____

In Honor of: _____

Please notify regarding this gift

Mr. Ms. Mrs. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

THANK YOU! The Opportunity Center for the Homeless is a non-profit 501 (c)(3) organization and your donation is tax-deductible.