



Everyone deserves a home, everyone deserves choices.

I/We wish to support One Roof Community Housing's efforts to provide quality, affordable home ownership opportunities.

Name(s) _____
Address _____
City, State, Zip _____
Email _____
Phone _____

Payment:

___ My check is enclosed made payable to **One Roof Community Housing**.

___ Please charge my Credit Card: ___ Visa ___ MasterCard ___ Discover

Account# _____

Expiration Date _____

Signature _____

Name on card: _____

___ I would like to be listed as an anonymous member/donor in the One Roof Annual Report.

**One Roof may occasionally share our mailing list with like-minded organizations.*

___ *Please do not share my name with other organizations.*

Enclosed is my/our tax-deductible annual membership:

___ \$1,000 and above—Ambassador Membership

___ \$500 - Advocate Membership

___ \$350 - Corporate Membership

___ \$250 - Steward Membership

___ \$100 - Sustaining Membership

___ \$50 - Supporting Membership

___ \$25 - Basic Membership

___ \$1-\$24 - Affordable Membership

___ Other Amount - \$ _____

___ I prefer to be listed as a donor. (*Donors do not have the right to vote at organizational meetings*)

___ I/We have included One Roof Community Housing in our estate plans.

___ I/We would like to learn more about estate planning options.

Print this form, fill out and mail it with your donation to:

One Roof Community Housing, 12 E. Fourth St., Duluth, MN 55805

218-727-5372 ~ info@1roofhousing.org

www.1roofhousing.org

Thank you for your support!