



14 Beacon Street
Suite 615
Boston, MA 02108
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fax 617.523.1553
www.homesforfamilies.org

Membership Enrollment

Please fill out the appropriate section, make checks payable to Homes for Families*, and mail to the address listed above.

Section I: Organization and Business

Name of agency: _____

Contact Name:

Address:

Telephone:

Email:

Annual dues based on your annual family homelessness budget:

- \$ 125 for budgets under \$100,000
- \$ 300 for budgets from \$100,000 to \$250,000
- \$ 500 for budgets from \$250,000 to \$500,000
- \$ 750 for budgets from \$500,000 to \$1,000,000
- \$1,000 for budgets over \$1,000,000

We have attached the full amount of \$ _____

While we cannot pay the full amount at this time, please accept our contribution of \$ _____.

Section II: Individual Membership

Your Name:

Address:

Telephone:

Email:

I have attached the full amount of \$125

While I cannot pay the full amount at this time, please accept our contribution of \$ _____.

Section III: Membership for families who are, have, or at risk of experiencing homelessness

Your Name:

Address:

Telephone:

Email:

I understand that my membership is free, but I would like to make a donation of \$ _____

**Homes for Families is organized under Internal Revenue Code 501 (c)(3) and gifts and membership are tax deductible as provided by law*