



Administrative Offices | Café 458
t • 404.523.1239 f • 404.681.1592

SAMARITAN HOUSE
OF ATLANTA
INCORPORATED

The EDGE
t • 404.572.9000 f • 404.572.9001

CONTRIBUTION FORM

*Thank you for your support of Samaritan House of Atlanta. Your contribution will go to work immediately to support vital services for homeless men and women in Atlanta including **The EDGE**, our employment readiness program that provides comprehensive daytime support services to homeless men and women in our community who are seeking full-time, permanent employment and **Café 458**, our life stabilization program that assists chronically homeless men and women to achieve personal goals leading to self-sufficiency.*

PLEASE COMPLETE THE FORM BELOW AND RETURN TO:

Samaritan House of Atlanta
Development Department
PO Box 89125
Atlanta, GA 30312
Fax: 404.681.1592

Donor Name _____

Donor Company _____

Donor Address _____

Donor City/State/ZIP _____

Donor Phone # _____

Donor Email Address _____

Donation Amount _____

Please make checks payable to "Samaritan House of Atlanta, Inc" and return this form with your donation.
Your gift is tax deductible to the full extent of the law.

I would like to charge my gift to (check one) () Visa () MasterCard () American Express

Amount \$ _____ Card # _____ 4-digit security pin _____

Expiration Date _____ Signature _____

FOR HONOR/MEMORIAL GIFTS

In Honor/Memory of _____

Provide mailing address for the special person you honor and they will receive a card from the Samaritan House of Atlanta notifying him or her of your thoughtfulness and generosity

Name _____

Street Address/PO Box _____

City/State/Zip _____

Name we should say gift was given by: _____