

YES!

I would like to become a member of the **Homeless Alliance of Western New York**. My desired membership level is:

- Individual**-\$25
- Agency** (Less than \$1 million gross revenue)-\$100
- Agency** (Between \$1 and \$5 million gross revenue)-\$200
- Agency** (Greater than \$5 million gross revenue)-\$250



Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*Please make checks payable to the Homeless Alliance of Western New York and mail to 2211 Main Street, Buffalo, NY 14214. Thank you for supporting our work!*

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