



I would like to become a member of the Homeless Alliance of Western New York.

My desired membership level is *(please check a corresponding box)* :

 Agency (Greater than \$5 million gross revenue) \$325

 Agency (Between \$1 million and \$5 million gross revenue) \$275

 Agency (Less than \$1 million gross revenue) \$175

 Individual *(circle one)* \$25 \$100 \$250 Other: \$

Agency/Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

The population you serve can be described as (needs, families, seniors, etc.): *(Optional)*

**Please make checks payable to Homeless Alliance of Western New York
and mail this form and check to 625 Delaware Ave. St. 410, Buffalo NY**

Thank you for supporting our work!