

YES! I/We wish to donate to Women Building up Women and understand that my gift will be used to support the construction of homes for single mothers.

Please check a	ll that Apply:		
\$10,000 SHELTER BUILDER	SELF- RELIANCE BUILDER	STABILITY BUILDER	\$1,000 STRENGTH BUILDER
☐ My donation is i	n honor/memory of:		
	others to join. Team	ontributing at the abo Captains will be given	
☐ I am unable to be	come a member but w	ould like to make a do	nation of \$
☐ My employer par	ticipates in a matching	gift program	
Name:			
Company:			
Address:			
City, State, Zip:			
Email:			
Home Phone:		Cell:	
Rieth days			

☐ I wish to remain anor	nymous	
My Team captain is		
	*Only if you are part of a team. Not required.	
Method of Payment		
□ Credit Card		
☐ Check – Payable to H	labitat for Humanity of Greater Miami	
□ I will pay \$	monthly until my total pledge of \$* *Must be paid in full within 12 months.	is complet
☐ Check here for autor	matic monthly charges from your credit/debit card	
Credit card #:		
Exp date:	Security code:	
Signature:		
Date:		
All donations are tax-deduc	tible to the extent of the law	

For more information contact:

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