



ST. CHRISTOPHER'S INN
SINCE 1909

Temporary Shelter & Substance Use Disorder Treatment Center

21 Franciscan Way
PO Box 150
Garrison, NY 10524
Phone 845-335-1000
Fax 845-335-1017
Admissions 845-335-1020

Become a Circle of Hope Member

Please join our Circle of Hope

The *Circle of Hope* is a monthly giving club reserved for our supporters who want to be sustaining partners in our care for men healing from addiction. We're filled with hope because SCI has achieved a unique 77% success rate for substance abuse treatment—the highest completion rate in NYS.

We named this special society *Circle of Hope* because that's what we do – nurture hope where none existed. Men come to us in crisis and through our unique treatment program we enable them to regain their dignity and sobriety.

By making a monthly commitment and joining the SCI's *Circle of Hope*, you are saying, “**I want to provide hope.** I understand how important it is to make treatment available to those suffering from addiction so they can rejoin their families and communities and be productive members of society.”

Why become a member?

The *Circle of Hope* is for those donors who want to **make a deeper and more lasting impact** and—in some cases—establish a planned-giving legacy.

As a member, you will receive personal updates directly from Fr. Bill, invites to “member only” events, special recognition in the Annual Report, and enjoy discounts at the Inn's Thrift Store. But most of all, you will be a part of a society of donors whose support is helping to ensure that the life-saving work of the Inn continues long into the future.

Please return the pledge form today. (See opposite side.)

Should you have questions or just want to talk about what it means to join, please call Christine Madera at the Inn's development department at (845) 335-1005.

Pledge Card
YES! SCI can count on my support.

Date

Name

Organization or Workplace

Address

City State Zip

Day Phone Fax

Evening Phone Mobile Phone

E-Mail Web Site

SCI's Circle of Hope has the following giving options:

Please check one or more boxes:

Donate one day of shelter services for one client --- \$136.94 per month for _____ months

Provide three meals a day for one month for one client -- \$164.10 per month for _____ months

Sponsor a 30 day shelter stay of \$4,108.20 for one client --\$342.35 per month for 12 months

Contribute a monthly gift of \$_____ for _____ months

I'd like to include The Inn in my estate. Please call me. () _____

Please call me: I have other thoughts to share. () _____

PAYMENT:

My check is enclosed, made payable to St. Christopher's Inn

Please charge my (check one):
 Visa MasterCard American Express
 # _____ Expires _____ month _____ year

I've selected the giving option of donating \$_____ monthly for _____ month(s). Please charge my credit card automatically at the beginning of each month.

My company will match my gift. The necessary paperwork is: enclosed sent separately

For monthly installments, your credit card will be charged at the beginning of every month.