

# PASADENA HOMELESS PREVENTION PROGRAM

## How Can I Help?

I and/or my organization are interested in supporting the program.  
Please contact me as soon as possible.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name  
of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

What Resources and/or Services Are You Interested In Providing?

- clothing certificates
- credit repair
- food certificates
- health care services and referrals
- home repairs
- household item certificates
- landlord-tenant mediation
- legal services
- money management
- short-term rental assistance
- transportation assistance
- utility assistance
- Other: \_\_\_\_\_

I am Interested in Making a Financial Contribution

I am Interested in Coordinating a Neighborhood Communication Strategy

This form may be faxed to 626.744.9009 in c/o **Pasadena Homeless Prevention Program Partnership**