

# **\*\*Special Edition\*\***

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## Rebuilding Together of Washington, DC

NEW ADDRESS: P.O. Box 40026 • Washington, DC 20016-0026 • Ph (202) 965-2824 • F (202) 965-2827 • <http://www.rebuildingtogetherdc.org>

### The “Nuts and Bolts” of What’s Happening at RT of DC

#### HELP US

#### With a Matching Grant for Roof Repairs

Our generous, long-time supporter Clark Construction Group, LLC has once again stepped up to the plate to help us out in this difficult fundraising year.

Clark will award us a grant of \$20,000 for roof repairs if we can raise a similar amount. They will match us dollar for dollar. Now, for every dollar you donate to us, we’ll get \$2.

We have a long list of homes that need roof repairs and we cannot assign them to teams unless we have the funds to get the roofs done. Common sense dictates that if we don’t get the roofs repaired, there’s no sense doing the internal repairs. These are our most needy cases and the longer these roofs go unrepaired, the more damage incurs inside the home, and the more expensive and difficult it will be to do the repairs at a later date.

*Please donate today. Below is a donation form for your use.*

**WE THANK YOU,  
CLARK CONSTRUCTION GROUP LLC**



March 14, 2011



GREATER WASHINGTON

#### Our Mission

Since 1983, Rebuilding Together of Washington, DC (formerly Christmas in April) has been working to revitalize low-income homes and communities in our nation’s capital. With the generous support of house sponsors, volunteers, and donors, we make free home repairs for low-income DC homeowners who are elderly, disabled, and/or caring for young children in seriously deteriorating conditions. The repairs enable them to stay in their homes, where they live in warmth and safety with independence and dignity.



#### HOW TO MAKE A DONATION:

**CALL REBUILDING TOGETHER OF WASHINGTON, DC (202) 965-2824**

**SUBMIT THIS FORM WITH A CHECK MADE PAYABLE TO REBUILDING TOGETHER DC**

**MAIL TO REBUILDING TOGETHER DC, P.O. Box 40026, WASHINGTON, DC 20016-0026**

**FAX THIS FORM TO (202) 965-2827**

NAME \_\_\_\_\_ EMAIL (FOR CONFIRMATION) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DONATION AMOUNT= \$ \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ CHECK \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME ON CARD \_\_\_\_\_