
The Homeless Action Committee

12th Annual Dinner & Silent Auction

Friday, October 14, 2011, 6:00 pm
Fuller Road Banquet Hall
1342 Central Avenue, Albany, NY

Social Hour & Silent Auction 6:00-7:00pm
Dinner & Program 7:00-9:00pm

Tickets: \$150 Benefactor \$80 Patron \$40 Sponsor
**Prices are per person*

Celebrating 22 years of ADVOCACY and 12 years of HOUSING!

2011 Honorees:

Dr. Robert Paeglow & Koinonia Primary Care - Primary care physician for the majority of HAC's tenants. Dr. Bob works extremely well with our tenants, accepting them, and providing each with top notch medical care. He takes no salary for his work with low-income people and is a true humanitarian. Koinonia's entire staff assist HAC's tenants above and beyond what a normal medical practice would.

Amanda Burt - HAC's SRO Program Manager. Mandy's caring and compassionate ways are exhibited daily in her work with staff and tenants. Mandy's help with a major grant this year was invaluable and her daily work as manager is carried out efficiently. She is always willing to help, works extra hours when needed and is on-call 4 days/week.

Matt Vertefeuille - HAC Outreach Van weekday driver. Matt has worked hard in furthering HAC's mission and has worked on many projects. He has been instrumental in Albany's Code Blue system and has attended other committee meetings with the County & human service providers. He gets along well with everyone on the streets and cares deeply about the issue and about individuals who are homeless.

Call (518) 426-0554 for info.

The Homeless Action Committee works to end homelessness in Albany and to promote permanent solutions to the homeless problem. HAC operates SRO housing for chronic alcoholics who have been homeless for many years. HAC's Outreach Van Program assists homeless people living on the streets of Albany with case management services, referrals and transportation to resources, and basic needs like food, clothing, and blankets.

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___ I/We will be pleased to attend. Enclosed is a check for \$___ for ___ reservations.

___ My dinner selection is: ___ Stuffed Chicken Breast ___ Oven Roasted Beef ___ Rice Platter w/ fresh veggies.

___ I am unable to attend, but enclosed is my donation of \$_____.

Name _____ Phone _____

Address _____

RSVP by October 6, 2011

Please make checks payable and mail to HAC, 393 N. Pearl St., Albany, NY 12207. Enclose above form.