



Ending Homelessness One Person at a Time

McHenry County PADS provides
20 year-round transitional living beds
which will provide shelter for
over 50 people this year!

YOUR DONATION CAN HELP
SAVE AND CHANGE A LIFE.



*We all deserve to
be given a second
chance in life.*

www.mchenrycountypads.com

815.338.5231 • Fax 815.338.7983

14411 Kishwaukee Valley Road • Woodstock, IL 60098



 ADOPT-A-BED
PROGRAM

PADS
PUBLIC ACTION TO DELIVER SHELTER
MCHENRY COUNTY

815.338.5231
www.mchenrycountypads.com



ADOPT-A-BED PROGRAM



How it works...

You "Adopt-A-Bed" which will help to provide families and individuals with the basic necessity of a safe, supportive and warm place to live while working their way toward becoming self-supporting citizens. For \$2,500 a year, or **just \$6.85 a day** (the cost of a lunch), you can help someone achieve a life of productivity, dignity and independence! People can be homeless, but they don't have to lose hope.

ENDING HOMELESSNESS ONE PERSON AT A TIME

The Adopt-A-Bed program is available October 1 through January 1. Only 34 beds are available to adopt—there are 14 beds at the Day Center and 20 beds available at the Transitional Home. These beds are available to provide shelter all year long! Your name or business name will be recognized on our website, donor wall and in our newsletter.

For donation options, please contact Debbie DeGraw, Marketing & Development Director, at 815.338.5231 x13, or Scott Block, Division Director, at x12, or mail your gift to McHenry County PADS, 14411 Kishwaukee Valley Road, Woodstock, IL 60098.



14 year-round emergency sleeping beds will provide shelter for over 100 people this year!



As a program of Pioneer Center for Human Services, PADS is a 501(C) 3 not-for-profit organization. Donations are tax-deductible in accordance with the law.

I would like to Adopt-A-Bed and provide shelter to the homeless men, women and children.

Method of Payment:

- 4 payments of \$625
 2 payments of \$1,250
 1 payment of \$2,500

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Form of Payment:

- Visa MasterCard

Card # _____

Exp. Date _____

Signature _____

- Check*

Bank Name _____

Routing No. _____ Account No. _____

*Please put ADOPT-A-BED PROGRAM in the memo section of your check.

You can help save and change a life!