



In recognition of Martha Macris' service to MAM, please join us in PREPARING YOUNG ADULTS FOR SUCCESS!

We invite you to make a gift to fund this special project and help new generations of young people prepare for leading our community in the decades to come.

According to the Kinder Institute, there are over 110,000 at-risk youth age 16-24 in Houston, with nearly 750 living in Spring Branch.

These same young adults are beginning to make decisions and assert their independence, but are faced with limited employment options.

One poor decision can lead to detrimental consequences that last a lifetime.



MAM's Board of Directors is announcing a campaign to honor Martha Macris' tenure by raising \$1,000,000:

- \$500,000 to provide operational funding for this program for the next five years
\$500,000 for the Martha Macris Fund for Young Adults to provide workforce training and certification options for the youth of tomorrow.

To succeed in today's world, youth need to enter the labor market with skills that match employers' demands. MAM will help this vulnerable population by adding a youth component to our existing Employment Services Program.

Program objectives include:

- Connecting young adults with job training opportunities, a career development plan and guidance to find a career that is fulfilling.
Educating and motivating young adults to develop healthy behaviors and positive work attitudes, as well as providing tools to help overcome the impact of negative learned behavior and peer pressure.
Increasing the number of high school graduates in the Spring Branch area and greater Houston.
Assisting young adults who dropped out of high school to earn their GED.
Increasing the number of young adults with marketable skills.
Teaching the basics of financial management so they can live within their means.

Your gifts to this program will bring confidence and skills to Houston's next generation! Thank you!



I/We would like to make a gift to the Martha Macris Fund for Young Adults with a donation in the amount of:

\$ \_\_\_\_\_

DONOR NAME: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

PAYMENT METHOD:

I'd like to commit to a 3-year pledge, please call me

Credit Card: Visa MasterCard AMEX

Check (payable to Memorial Assistance Ministries)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Signature: \_\_\_\_\_