



HIGH TECH GAYS

P.O.Box 6777 San Jose, California 95150

HTG to Lose Its Home

On July 17, the Billy DeFrank Lesbian and Gay Community Center announced an operation deficit of \$1,400 a month. Reasons for the deficit are listed as the move from 1040 Park Avenue in 1991 and a lack of financial support from the vast majority of the Santa Clara County lesbigay community it serves. There are an estimated 150,000 lesbigays in the the DeFrank Center's service area, less than 1/2 percent are contributing Center members.

\$6,000 of the \$10,000 a month it takes to run the Center goes to rent the 10,000 square foot facility. The facility is not just home to HTG and other groups that use its meeting space, it is home to the

- community library,
- youth space and in-depth youth program,
- affordable counseling services,
- addiction outreach, information and referral assistance,
- peer counseling,
- sports programs, and
- social and recreational activities.

Most all of these services would not exist, if it were not for the DeFrank Center.

What the DeFrank Center needs from us is a consistent income. I am requesting/begging that all of you become ACORN members for the center. This involves providing the DeFrank center with a Monthly contribution. 50 new memberships at \$30 a month would solve the monthly deficit. Think about how much you may spend on lunches at work, going out for a couple a drinks, or buying clothes. I am not asking for you to necessarily go to \$30 a month, 150 ACORN members at \$10 a month would be just as effective.

Without community support HTG will lose its home. The young kid in high school will have no place to go. The women will need to find a new place for the monthly coffee houses. There will be no place for any of us to go to get support, newspapers, information, or a cup of coffee, or play BINGO in a safe environment. We, as a community cannot afford to be without this Center. Please come to the aid of the DeFrank Center, and of yourself. Become a member, today.

DeFrank

MEMBERSHIP APPLICATION

Name(s):

Phone:

Date:

Address:

City/State/Zip:

Monthly Contributions (Acorn Club):

___ \$20

___ \$25

___ \$50

___ \$75

___ Individual ___ Family

___ \$100

___ \$___

Annual Contribution: Individual

Family

Limited Income

___ \$20

___ \$40

General

___ \$30

___ \$70

Supporting

___ \$75

___ \$150

Patron

___ \$250

___ \$500

Benefactor

___ \$500

___ \$1000

Lifetime

___ \$3500

___ \$7000

Center Use Only

Member Number:

Process Date

CHARGE It!!

___ M/C

___ Visa

Exp Date:

Card Number:

Signature:

Checks Payable to "Billy DeFrank Center"

Mail to:

175 Stockton Avenue

San José, CA 95126

ATTN: Membership

HTG