



**east bay community
action program**

DONATION FORM

Mail to:

East Bay Community Action Program

Attn: Finance Dept.

19 Broadway

Newport, RI 02840

Please apply my donation to where it is needed most

Please apply my donation to (name of program or service): _____

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Contact Name: _____ *Subscribe me to your Enewsletter*

Donation amount: _____

My donation is enclosed. Check one:

Check: Please make your check payable to East Bay Community Action Program

Credit Card

Credit Card Type (Circle one): Visa Mastercard American Express

Credit Card Number: _____ Expiration Date: _____

Name on card (print): _____

I authorize East Bay Community Action Program to charge my credit card for the above donation amount.

Signature: _____

Tribute Information (optional):

I would like to make my donation *in honor* or *in memory of* (please circle one):

Tribute name: _____

Send notification of this gift to (optional):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Relationship to person being honored/ remembered: _____