



Enclosed is my contribution to support EOCF's programs for children and families.

\$50 \$100 \$_____ A star in our children's future!

Shooting Star (\$5,000) Shining Star (\$3,000)

or a pledge of

\$_____ to be paid *each* year over a period of 1 year 2 years 3 years

(You will be billed for your annual pledge amount.)

My employer matches employee contributions – Employer: _____

Donor Name(s) _____ Date _____

Street _____

City/State/Zip _____

Email _____ Phone _____

Payment Method

Check enclosed payable to EOCF

Credit card payment MasterCard VISA

➔ Card Number _____

CVV2 # _____
(Three-digit code on back of card)

Please Print

