



MAIL IN DONATION FORM

EAC Network (EIN 23-7175609) is a 501(c)(3) nonprofit human service agency whose mission is to respond to human needs with programs and services that protect children, promote healthy families and communities, help seniors, and empower individuals to take control of their lives. All gifts are tax deductible as allowed by law.

Please mail completed form with your gift to: EAC Network,
Attn: Development
99 Quentin Roosevelt Blvd., Suite 200,
Garden City, NY 11530

Questions? Call (516) 539-0150 x127
or visit www.eac-network.org

This is a _____ personal/individual _____ corporate/business donation.
_____ Please keep this gift anonymous.

DONOR INFORMATION

Name _____
Company _____
Address _____ Ste./Apt. # _____
City _____ ST _____ Zip _____
Email _____ Phone _____

MEMORIAL/TRIBUTE INFORMATION

In _____ honor _____ memory of: _____
Please send a notification to: _____

CORPORATE MATCHING

This gift will be matched by: _____
_____ My corporate matching gift form is enclosed.

DONATION INFORMATION

ONE-TIME Enclosed is my gift of \$ _____ by check payable to **EAC, Inc.**
_____ by credit card info below.

MONTHLY Please _____ invoice me _____ charge me \$ _____ every _____ month(s).

Please allocate my gift to:

_____ General Support _____ Greatest Need _____ Seniors & the Incapacitated
_____ Families & Communities _____ Children & Youth _____ Behavioral Health & Criminal Justice
_____ Vocational Services _____ Other: _____

Card Number _____ Exp. Date _____
Name on Card _____ Sec. Code _____ Billing Zip _____
Signature _____ Date _____

ADDITIONAL INFORMATION/COMMENTS

