



# 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**  
**50 Clinton Street, Suite 107, Hempstead, NY 11550**

**Questions? Call (516) 539-0150 x117**  
**or visit [www.eac-network.org](http://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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_