



East Oakland Community Project Donation Form

Compassionate care is simple, but powerful. Your investment and our proven approach has transformed the lives of 16,000 homeless people in Alameda County.

Please mail this form and your contribution to:

East Oakland Community Project
7515 International Blvd.
Oakland, CA 94621

I prefer to contribute via:

- Enclosed check (payable to EOCP)
 - Credit card donation through EOCP website: www.EOCP.net
 - Stock or mutual fund donation. Please contact me for details.
 - I want to pledge a monthly amount of \$ _____. Please deduct that amount from my credit card each month through the EOCP website.
- \$35
 \$50
 \$100
 \$250
 \$500
 \$1,000
 \$2,500
 Other \$ _____
- I would like my contribution to remain anonymous.
 - I work at (company name) _____
 My company has a matching gifts program: Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Day phone (____) _____ Evening phone (____) _____

Email _____

This donation is given in honor of _____

This donation is given in memory of _____

For additional information, please call EOCP at (510) 532-3211, ext. 604

Thank you for your generosity!