

DONATION FORM



Yes! I want to help enrich kids' lives. . .

Name(s) _____ Phone(s) _____

Email(s) _____

Address _____

Greatest need \$ _____ Specific Program: _____ \$ _____

I would like to use a credit card for donation:

Name on card _____

Card type: Visa MC AmEx (check one)

Credit card number _____

Exp. Date ___ / ___ Deduct one time monthly

I have enclosed a check made payable to Faith Network of the East Bay

Please mail your tax-deductible donation to:

Faith Network of the East Bay
2633 Telegraph Ave. #409
Oakland, CA 94612

Phone: 510-836-5100

Fax: 510-836-5105

Tax ID #94-3403801