EDUCATIONAL OPPORTUNITY ASSOCIATION

Send your completed form to:
Mail: Barbara Gibbs
1953 Second Avenue SE
Cedar Rapids, IA 52403
Email: Barb_Gibbs915@yahoo.com
Fax: 641-628-5912 ATTN: Louise Esveld

Your Contribution to EOAF is tax deductible.

EOA FOUNDATION
Contribution Form

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____/ _____/_____

Phone: _____ Fax: _____ Email: _____

MY CONTRIBUTION LEVEL:

- € $_____Monthly, Credit Card Option C below
- € $1,000
- € $500
- € Buck-A-Day Club ($365/year)
- € $250
- € $100
- € Buck-A-Week Club ($52/year)
- € Other: $ _____

UTILIZATION OF MY CONTRIBUTION:

_____ Growth and Stewardship Fund (The EOAF Board may use my gift for any identified purpose of the Foundation, for example: scholarship distribution, fund development and/or operating costs.)

_____Please designate my gift for the:

- € James B. Hamilton Research Scholars Fund
- € Silas Purnell Scholarship Fund
- € Charles Cantale Scholarship Fund
- € Ralph L. Pruitt Memorial Scholarship Fund
- € Arnold Mitchem & Ronald E. McNair Graduate Fellowship Fund
- € Veterans Scholarship Fund
- € Emerging Leaders (ELI) Scholarships

PAYMENT METHOD:

€ **Cash** € **Check enclosed** and payable to EOAF (formerly MEF)

€ **Please charge my: ____VISA ____MasterCard**

Card number: | | | | | | | | | | | | | | | | |

- € A. $ _____One time
- € B. $ _____Monthly until my pledge of $ _____has been fulfilled.
- € C. $ _____Monthly until further notice.

Print Name on Card: _____ Expiration date: _____/_____

Signature: _____Date: _____ CID Number_____