



**EDUCATIONAL  
OPPORTUNITY  
ASSOCIATION**

**Send your completed form to:**

Mail: Barbara Gibbs  
150 Thompson Drive SE #126  
Cedar Rapids, IA 52403  
Email: [Barb\\_Gibbs915@yahoo.com](mailto: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
- \$250
- \$1,000
- \$100
- \$500
- Buck-A-Week Club (\$52/year)
- Buck-A-Day Club (\$365/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
- Arnold Mitchem & Ronald E. McNair Graduate Fellowship Fund
- Silas Purnell Scholarship Fund
- Veterans Scholarship Fund
- Charles Cantale Scholarship Fund
- Emerging Leaders (ELI) Scholarships
- Ralph L. Pruitt Memorial Scholarship Fund

**PAYMENT METHOD:**

- Cash
- Check enclosed and payable to EOAF (formerly MEF)

- Please charge my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Card number: 

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- 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 \_\_\_\_\_