



**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
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 _____