



**EDUCATIONAL
OPPORTUNITY
ASSOCIATION
FOUNDATION**

Contribution Form

If mailing, send your completed form to:

Barbara Gibbs, Treasurer
150 Thompson Drive SE #222
Cedar Rapids, IA 52403

To Donate by Phone:

Call Treasurer Gibbs at 319.366.6389

DONOR INFORMATION

Donor Name: _____ Organization: _____

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

Phone: _____ Fax: _____ Email: _____

Program Affiliation (check all that apply):

EOC McNair GEAR UP SSS TS UB UBMS VUB Other EOP: _____

(Optional) This gift is made in honor of: Name: _____ Would you like this individual notified? Yes No

Contact information for the individual you are honoring: Email: _____ Mailing address _____

CONTRIBUTION AMOUNT

Sustaining Contribution (monthly contribution amount):

One-time contribution:

\$5 (\$60 per year)

\$30.42 (\$365 per year)

\$ _____.

\$10 (\$120 per year)

\$50 (\$600 per year)

\$15 (\$180 per year)

\$100 (\$1,200 per year)

\$20 (\$240 per year)

\$ _____ mo. (\$ _____ per year)

\$25 (\$300 per year)

PAYMENT METHOD Your contribution to EOAF is tax-deductible

Please charge my:



Payment Schedule: 1st of every month 15th of every month Other: _____

Cardholder's Name: _____

Credit Card #: _____ Card Expiration (MM/YY): _____ / _____

Card Security Code: _____ (For Visa/Mastercard/Discover, 3-digit number on back of card. For American Express, 4-digit number on front of card).

Cardholder Signature: _____

Other Payment Method: Cash Check

CONTRIBUTION DESIGNATION (Optional)

Growth and Stewardship Fund

Ralph L. Pruitt Memorial Fund

Arnold Mitchem/Ronald E. McNair Graduate Fellowship Fund

Robert Jenkins Memorial Fund

Bridges and Ladders Fund

Silas Purnell Memorial Fund

Charles Cantale Fund

Tendaji Ganges Memorial Fund

Emerging Leaders Institute Fund

Veterans Scholarship Fund

James B. Hamilton/Thomas G. Mortenson Research Fund

* Contributions made without a designation are assigned to the Growth and Stewardship Fund.