

Contact Information

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

My ONE-TIME gift \$1,000 \$500 \$200 \$100 \$50 other _____

My PLEDGE I pledge a total of \$ _____
to be paid on a MONTHLY or QUARTERLY basis during a 12-month period.
Enclosed is my first payment of \$ _____.

Corporate Gift Matching My gift will be matched by _____.
The appropriate form is **enclosed** or **will be forwarded** to Esperanza.

Donation Method

- Personal Check (Please make check payable to **Esperanza Community Services**)
- Credit Card: _____ MasterCard _____ Visa _____ Discover Card

Credit Card Number _____ Exp. Date _____ / _____

Signature _____

IN KIND DONATIONS

Description of Donated Items

Total value as indicated by donor \$ _____

Signature: _____

Acknowledgment

Please use the following name(s) in all acknowledgments:

1. _____ 2. _____

Program Designated Gift:

- Agency's Greatest Need Client and Family Support Program Community Integrated Living Arrangement
- Esperanza School Coleridge Adult Training Center

Thank you for your contribution! Every dollar you donate is an investment in the future of the special needs population that we serve.

Esperanza Community Services, a tax-exempt 501(C)(3) nonprofit organization (36-2678083) did not provide any goods or services for this donation. Contributions are tax-exempt to the extent of the law.