



Mail-In Donation Form

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

Donor Information

Donor Name (First Name and Last Name):

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

Address Information

Address (If you're making this donation on behalf of an organization, please provide the company's address):

City:

State:

Zip Code:

Country:

Email (optional):

Home

Mobile

Telephone Number (optional):

How would you like to help support our mission? Choose one of the following options:

One Time Gift Amount:

I'm enclosing my check made payable to Educational Empowerment Project, Inc.

Monthly Gift:

I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected.

You may cancel or change this amount at any time by calling 267-240-1693.

Educational Empowerment Project, Inc.

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