



*I want to make a difference in the lives of the Homeless, the Hungry, and the Youth of Pittsburgh's East End.*

Complete this form and mail it with your donation to the address below.

**Enclosed is my tax-deductible gift of:**

\$2,500     \$1,000     \$500     \$250     \$175  
 \$100     \$50     \$25     \$10     Other Amount

**Please make your check payable to East End Cooperative Ministry or provide credit/debit card information:**

Card # \_\_\_\_\_  MasterCard     Visa  
 Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please provide the following information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_  
 Email \_\_\_\_\_

**I wish to designate my gift as follows:**

General Support                       Hunger Programs  
 Homeless Programs                       Orr Compassionate Care Center  
 Children & Youth Programs                       The Sister Michele Fund for Homebound Elderly  
 In Honor Of \_\_\_\_\_  
 In Memory Of \_\_\_\_\_  
 On the Occasion of \_\_\_\_\_

**An announcement of this gift should be sent to:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Tribute from (as you prefer your name to appear) \_\_\_\_\_

A copy of the Official Registration and Financial Information may be obtained from the Commonwealth of Pennsylvania Department of State. Within Pennsylvania, call 1-800-732-0999. Registration does not imply endorsement.

**United by Faith. Dedicated to Service.**

**EECM** 250 North Highland Avenue Pittsburgh, PA 15206 412.361.5549 www.eecm.org