

Donor Information

Name _____ Company/Organization Name _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Email Address _____

Support WDEOC - Day Resource Center

I (we) pledge a total of: \$ _____ in support of WDEOC - Day Resource Center. I wish to spread my donation over the following years:

Year	2025	2026	2027	2028	2029	Total
Contribution (min \$1,000 annually)	\$	\$	\$	\$	\$	\$

ECCF will send out reminders biannually through ECCF.

Signature _____ Date _____
This pledge is a commitment to give the amount specified.

Acknowledgment / Contribution Recognition & Information

Please print your name as you would like it to appear in formal recognitions and/or publications:

☐ I would like my gift to be anonymous

Make your gift: ☐ In Honor of ☐ In Memory of Name: _____

Please indicate your naming rights preference: _____

Please list how you wish to be recognized in publications: _____

☐ Check – Make checks payable to: **ECCF - WDEOC & DRC Fund at 306 S Barstow St #104, Eau Claire, WI 54701.**

☐ Credit Card - Visa, MasterCard, Discover, and AMEX are accepted online at eccfwi.org. (Donations may be a one-time gift or set up as recurring monthly, quarterly, or yearly.)

If you are interested in giving by the following methods, please contact Wes Escondo at ECCF, wesley.escondo@eccfwi.org or 715-552-3801.

☐ Stock Transfer ☐ Qualified Charitable Distribution ☐ Charitable Trust ☐ Other (describe) _____

☐ My employer will match my gift. Company Name _____

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