



Yes, I want to help our communities...

Please contribute \$_____ on my behalf

ONCE EACH MONTH until further notice

Charge to my credit card

___ MC ___ VISA ___ Discover Card ___ American Express

Account number _____ Exp. Date _____

Signature _____

ONE TIME only

Check enclosed

Charge to my credit card

___ MC ___ VISA ___ Discover Card ___ American Express

Account number _____ Exp. Date _____

Signature _____



Thank You

On behalf of the many children and families in our local communities your donations are able to help, we thank you for reaching out and

***Caring for
Your Community!***

Your contributions make a huge difference in the lives of kids and families needing a helping hand and a compassionate heart.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Effective Date _____ **Signature** _____



**Please Return To: Equity Group Foundation
PO Box 25308 Portland, OR 97298
8405 SW Nimbus Ave, Suite C Beaverton, OR 97008**

