



WEST SIDE
ECUMENICAL MINISTRY

Charitable Contribution Form

(Please circle) Mr./Mrs./Mr. & Mrs./Miss/Ms./Dr./Other: _____

Last Name: _____ First Name: _____

Company Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail address: _____ @ _____

Donation Amount: \$ _____ Enclosed is a check payable to West Side Ecumenical Ministry
 Charge my credit card

Charge card information:	Name on credit card: _____
Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Expiration Date: ____/____/____
Credit Card Number: _____	
Signature: _____	Date: ____/____/____

This gift is In Memory of In Honor of _____

Please acknowledge this tribute gift by sending a special card (without the amount) to the following:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

- I am interested in volunteer opportunities.
- I am interested in receiving information about planning my will.
- I am interested in information about planned giving opportunities.
- My company will match this gift, the form is enclosed.

I would like to designate my gift for:

- Unrestricted – where the need is greatest
- Brookside Food Center
- Community Corner Food Center
- Near West Food Center
- Early Childhood Education Center
- El Barrio/Workforce Development
- Counseling Solutions