

Family Tree Donation Form

Please print all information. We will call and confirm your order before placing it.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Method of Payment:

Check ~ check #: _____ Master Card Visa

Card Number _____ Expiration _____

Signature _____

Annual Donation: \$100 \$150 \$200 other: \$ _____

Name to appear on donor list: _____

Plaque Order:

Type of plaque and text requested ~ please see samples on reverse. *If you are interested in a Founders plate, staff will call to discuss your order.*

\$250 - Name Plate (3 x 1 $\frac{1}{4}$), one main text line, one small text line

\$500 - Advocate Plaque (4 x 2), 3 lines of text

\$1000 - Partner Plaque (5 x 3), 5 to 7 lines of text

\$2500 - Founder's Plaque (6 x 4), text size and number of lines up to you

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

----- **staff use only** -----

Staff confirm order: _____ Date: _____

Total received/charged (circle one) \$ _____

Plaque Ordered by: _____ Date: _____

Plaque received & checked for accuracy: _____ Date: _____

Date installed: _____

Return to: Circle of Care Family Tree, fax: 510-531-3657, 2540 Charleston St., Oakland, CA, 94602. Questions call 510-531-7551 or email alinya@ebac.org.