

**Eva's Village**  
**393 Main Street**  
**Paterson, NJ 07501**

Yes, I want to help the hungry, homeless and addicted by contributing to Eva's Village.

- You may print this pledge form and mail it to the address above or
- You may email this form to [donate@evasvillage.org](mailto:donate@evasvillage.org)

Please make checks payable to **Eva's Village**.

Thank you for your generosity!

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Type:**     Check/Money Order     Credit Card

Card Type:     MasterCard     VISA     American Express     Discover

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_/20\_\_\_\_ Name on Card: \_\_\_\_\_

Amount:     \$5,000     \$1,000     \$500     \$100     \$50     \$25  
 Other: \$ \_\_\_\_\_

**IF DONATION IS FOR A MEMORIAL OR IN HONOR OF SOMEONE, PLEASE CONTINUE. IF NOT, STOP HERE.**

Gift Type:     Memorial     In honor of  
Who would you like to memorialize or honor?

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

Who should we send notification to?

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code