



# Donation Form

## Each One Reach One Mission

A Faith-based initiative organized to teach and encourage spiritual discipline, moral development and personal training.

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ other.

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Each One Reach One Mission  
P.O. Box 298  
Cleveland, Ohio 44087