



Family Emergency Shelter Coalition
24301 Southland Dr Ste 300
Hayward, CA 94545
(510) 300-3516
www.fescofamilyshester.org

GIVING FORM

FESCO's mission is to help homeless families move toward self-sufficiency. Our goal is to end family homelessness in our community. By committing to monthly support, you become a critical part of the community taking responsibility to make family homelessness history.

When you participate, your donation will be transferred conveniently from your checking account or credit card directly to FESCO. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help homeless families. You may increase, decrease, or suspend your gift any time through the online donation form at www.fescofamilyshester.org or by contacting FESCO by phone or mail. All donations provided to FESCO comply with U.S. Law.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____


Telephone _____ **Email** _____

I'd like to make a donation of \$ _____ as a _____ Monthly donation **OR** _____ One-Time donation

Please process my donation on the _____ 1st of the month **OR** _____ 10th of the month **OR** _____ 20th of the month

I plan to make this donation in the form of _____ Checking Account **OR** _____ Credit Card

Enclosed is a voided check **OR** credit card information for my donation.

 Credit Card Number _____ Expiration Date ____ / ____

Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.fescofamilyshester.org or by contacting Family Emergency Shelter Coalition by phone or mail. All donations provided to Family Emergency Shelter Coalition comply with U.S. Law.

Signature _____ **Date** _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

Please record your donation \$ _____ as a _____ Monthly donation **OR** _____ One-Time donation

On _____ 1st of the month **OR** _____ 10th of the month **OR** _____ 20th of the month

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