



**Family Emergency Shelter Coalition**  
21455 Birch St., #5  
Hayward, CA 94541  
(510) 886-5473  
[www.fescofamilyshester.org](http://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](http://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 \_\_\_ 1<sup>st</sup> of the month      **OR**      \_\_\_ 10<sup>th</sup> of the month      **OR**      \_\_\_ 20<sup>th</sup> 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](http://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)

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### **KEEP THIS PORTION FOR YOUR RECORDS**

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

On \_\_\_ 1<sup>st</sup> of the month      **OR**      \_\_\_ 10<sup>th</sup> of the month      **OR**      \_\_\_ 20<sup>th</sup> of the month

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