



Family Emergency Shelter Coalition
 21455 Birch St., #5
 Hayward, CA 94541
 (510) 886-5473
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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