

GREATER
EASTOVER
NEIGHBORHOOD
FOUNDATION, INC.

Enhancing our quality of life through beautification, safety, communication and community outreach

I am pleased to support The Greater Eastover Neighborhood Foundation Annual Fund with my gift of
\$ _____

Leadership _\$25,000+ (monthly \$834*)
Visionary _\$10,000+ (monthly \$834*)
Benefactor _\$5,000+ (monthly \$418*)
Patron _\$2,500+ (monthly \$211*)
Partner _\$1,000+ (monthly \$84*)

Name _____
(as you would like it to appear in print)

Address: _____

Phone: _____

Preferred email: _____

I have enclosed a check payable to:
The Greater Eastover Neighborhood Foundation, Inc.

I would like to give by credit card:
_ VISA _ MasterCard _ AmEx _ Discover

Credit Card # _____

Expiration Date: _____

Security Code: _____ or AmEx Code: _____

(3 digit number on the back of card) (4 digit number on the front of card)

Name as appears on card: _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

My gift will be matched by: _____
Please visit your personnel office for a matching gift form.



*If I am choosing to make a recurring monthly gift, I will include a cancelled check with my form. I understand and agree that each payment shall be the same as if it were an instrument personally signed by me, made payable to the Greater Eastover Neighborhood Foundation. This authority is to remain in effect until revoked by me in writing. I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and the Greater Eastover Neighborhood Foundation have the right to terminate this payment plan (or my participation therein.)