EC3 Donor Giving
Support EC3 Students

Donor First Name _____ Donor Last Name _____

Home Address _____

City, State, Zip _____ Phone _____

Email Address _____

○ **I would like my gift to be anonymous in all EC3 listings.**

○ **Please accept the enclosed check in the amount of $** _____
Make check payable to EC3.

○ **I would like to be a monthly donor, please contact me.**

○ **I would like to make my donation online at: www.EC3PA.org or utilize the QR code below.**

☐ I wish to make an unrestricted gift, area of most urgent need
☐ Student Emergency Fund
☐ Scholarship Fund
☐ Other (please specify) _____

Please make my gift in honor of: _____
Please make my gift in memory of: _____
Send a notice of this honorary/memorial gift to:
Name: _____
Address: _____
City, State, Zip: _____