



Eve's Place
Community Services
Empowering Victims of Domestic Abuse

Donate by Mail

My Contribution: \$1,000 \$500 \$250 \$100 \$25 Other \$ _____

Eve's Place is a not-for-profit 501(c)3 tax-exempt organization. Contributions are tax deductible.

Donated by: _____

Company / Organization: _____

Address: _____

City / State / Zip: _____

Evening Phone: _____

Email Address: _____

We also accept contributions by credit card

American Express Visa Mastercard

Card Number: _____

Expiration Date: ___/___/___ CVC: _____

*Thank you for your support of
Eve's Place!*

Honorarium / Memorial Gift

Your gift to Eve's Place is a Living Tribute to your relative or friend. A card of acknowledgement will be sent to them.

In Honor / Memory of: _____

Address: _____

City / State / Zip: _____

Donations can also be made in honor of birthdays, Anniversaries or any other special occasions.

I am interested in being contacted about:

I am interested in more information about about volunteer opportunities.

I would like to include Eve's Place in my estate planning.

Name: _____

Home Phone: _____

Work Phone: (optional): _____

Please this form to:

(If donating with a check, please be sure to include the check with this form)



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