



## Giving To Eppard Vision

Yes! I want to help Eppard Vision strengthen community and improve the lives of children.

Donation Amount \_\_\_\_\_

Eppard Vision Program Designation of Funds:

General Fund ☐

Branch Out Donation Program ☐

Applied Preservation Technologies ☐

Digital Scrapbooking Program ☐

A Wall for Social Consciousness ☐

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Check if you wish to remain anonymous ☐

Would you like to receive Eppard Vision's email updates? ☐ Yes ☐ No

If you would like this gift to be in honor or memory of someone, please provide list the name \_\_\_\_\_.

Please make checks payable to:

Eppard Vision  
PO Box 5914  
Bellingham, WA 98227-5914

Thank you for supporting Eppard Vision and our efforts to create a global community where all are treated with dignity and respect.

PO Box 5914 Bellingham, WA 98227-5914 360-920-8908 [www.eppardvision.org](http://www.eppardvision.org)