



EDAR (Everyone Deserves A Roof), Inc.
1015 Gayley Avenue, Suite 357 ■ LOS ANGELES CALIFORNIA 90024
TELEPHONE (310) 208 1000 x 109 ■ FAX (323) 315 5188
www.edar.org ■ info@edar.org

Donation Form

Name: _____

Business Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

I would like to make a donation in the amount of \$ _____

Annually **Monthly** **Quarterly** **Once**

Please check with your tax preparer to ascertain the deductibility of your donation. Tax ID # - 26-0561594

This donation is in honor of / in memory (please circle one) **of:** _____

Payment Method:

Check or money order payable to EDAR (Everyone Deserves A Roof), Inc.

Credit Card *(Please circle one)* Visa MasterCard Amex

Card number: _____ Exp: _____

Security number *(on back of card)*: _____

Credit Card Billing Address (if different from above)

Address: _____

City _____ State _____ Zip _____

Please return this form by fax to 323-315-5188 or by mail to:

EDAR (Everyone Deserves A Roof), Inc.
Attn: Development Department
1015 Gayley Avenue, Suite 357, Los Angeles, CA 90024-2527

For more information, please contact Julie Yurth Himot at 310-208-1000 x109 or julie@edar.org