

**Yes I want to help my neighbors in need! Enclosed is my gift of:**

**\$25**     **\$50**     **\$100**     **\$500**     **Other \$**\_\_\_\_\_

- I've enclosed my check, made payable to CEAP
- I wish to contribute via credit card  
*(Please complete back side)*
- I've enclosed my corporate matching gift form. Please process my gift accordingly.

**Donor Information:**\_\_\_\_\_  
First Name\_\_\_\_\_  
Last Name\_\_\_\_\_  
Phone #\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip\_\_\_\_\_  
Email:

This donation is given in honor/memory of: \_\_\_\_\_

Please notify the following person of my gift:

\_\_\_\_\_  
Name\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

*Mail this form to:* **CEAP • 6840 78th Ave N • Brooklyn Park, MN 55445 • 763-566-9600** *Donations are tax deductible.*

Please fill out **Donor Information** and **Gift Amount** on other side before proceeding.

I wish to charge my contribution on my:

**Visa**

**Mastercard**

**American Express**

**Discover**

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**Credit Card #**

**Exp. Date**

**Security Code** (3 digits on back **OR** 4 digits on front of card)

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**Name as it appears on the card** (print)

**Cardholder Signature**

**Phone #**

**For every \$1.00 you donate to CEAP, 93 cents goes directly to helping those in need.** CEAP's administrative costs are 7%, compared to the 30% standard for non-profits approved by the MN Charities Review Council.

Programs Supported:

Back to School

Clothing Closet

Client Advocacy

Emergency Financial Assist.

CEAP Transportation Solutions

Welfare to Work

Food Shelf

Senior Chores

Holiday Program

Homelessness Prevention

Information & Referral

Meals on Wheels