

# YES

**I WANT TO HELP the  
Estacada Community Foundation**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Enclosed please find a check  
In the amount of**

\$25       \$50       \$100  
 \$250       Other \_\_\_\_\_

***Is your donation being made in memory or in honor of someone special? If so, please complete the following:***

*In Memory of:* \_\_\_\_\_

*In Honor of:* \_\_\_\_\_

***Would you like us to send an acknowledgement card? If so, please complete the following:***

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State, ZIP Code:* \_\_\_\_\_

**Mail to: ECF  
PO Box 1498  
Estacada OR 97023**

***ECF*** is a 501 (c)(3) tax exempt organization and your gifts are tax deductible as the law allows. 93-1246134 [www.estacadacf.org](http://www.estacadacf.org)