

Donation Form



ECHO Inc.

A private non-profit organization helping others become self sufficient

Donor Information (please print or type)

Name _____

Mailing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Donation Information

I (we) will donate a total of \$ _____ to be paid: now monthly quarterly yearly.

Gift will be matched by (company/family/foundation) _____

this gift is in honor of: _____

this gift is in memory of: _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

ECHO Inc.
401 South Commercial Ave.
Farmington NM, 87401