



**Get Involved - Share Your Resources!**

Please mail your check or money order to:

**Eastern Idaho Community Action Partnership**

P. O. Box 51098  
Idaho Falls, ID 83405

Phone: (208) 522-5391

Fax: (208) 542-1453

<http://www.eicap.org>

*Our programs and the people we serve benefit from the kindness and generosity of caring individuals like you. Your gift will help us provide housing and assistance to those in need within our communities.*

**Enclosed is my donation of \$ \_\_\_\_\_ to support Eastern Idaho Community Action Partnership.**

Name:

Address:

City/State/Zip:

Home phone:

Email:

*Your receipt will be mailed to you*

**Where would you like your donation to go? (Please choose one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Area with greatest need                                    | <input type="checkbox"/> EICAP foundation                    |
| <input type="checkbox"/> Haven Homeless Shelter                                     | <input type="checkbox"/> Affordable housing                  |
| <input type="checkbox"/> Homeownership program                                      | <input type="checkbox"/> Homeless to homeowners              |
| <input type="checkbox"/> Food bank  | <input type="checkbox"/> Emergency food and shelter          |
| <input type="checkbox"/> Family development   | <input type="checkbox"/> Family Literacy                     |
| <input type="checkbox"/> Home heating, weatherproofing, safety upgrades             | <input type="checkbox"/> Utility bill assistance program     |
| <input type="checkbox"/> Early childhood education                                  | <input type="checkbox"/> Elder persons outreach & assistance |
| <input type="checkbox"/> VOICE (Volunteer Ombudsmen Improving Care for the Elderly) |  |
| <input type="checkbox"/> RSVP (Retired and Senior Volunteer Program)                |  |

*You may honor the memory of a loved one or celebrate the anniversary, birthday or special accomplishments of a family member or friend.*

**Gift in memory of** \_\_\_\_\_

**Gift in honor of:** \_\_\_\_\_

Please send an acknowledgement to:

Name:

Address:

City/State/Zip:

**Please send me information on *Planned Giving*.** <http://www.eicap.org/plannedgiving>

*We are looking for people with all types of skills and levels of resources to help in any way that they can.*

**I am interested in *Volunteering*.** See <http://www.eicap.org/shareyourtime>

**Thank you for your support!**

*Eastern Idaho Community Action Partnership is an agency helping to empower all people in our communities to achieve maximum self-sufficiency and independence.*

Your donation is tax deductible to the extent allowed by law.