



Eve's Place Working Poor Tax Credit Commitment Form

NAME(S):		
DONATION AMOUNT: (Notice: The annual maximum for this tax credit is \$400 for single filers; and \$800 for married/joint filers.)		
<input type="checkbox"/> \$800 <input type="checkbox"/> \$400 <input type="checkbox"/> OTHER: \$ _____		
CREDIT CARD NUMBER		CARD TYPE:
_____ - _____ - _____		<input type="checkbox"/> Discover <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
EXPIRATION DATE:		
____/____/____		CVC CODE: _____
CARDHOLDER NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL ADDRESS:	
I hereby authorize this donation to be charged on this		
DATE:	DONOR SIGNATURE:	
<p>Eve's Place will send you a letter via U.S. Mail, which will contain the total amount of your donation(s) for the year January 1, 2016 through December 31, 2016. These letters will be sent during January 2017. <i>Please be sure to include your address above, even if donating by check.</i></p> <p>Please return completed form to; Eve's Place 8877 N. 107th Ave., Suite 302-497, Peoria, Az 85345</p> <p>OR Fax to: 623-547-6251</p>		