

ECLAT Foundation Donation Form

Name(s) – please include spouse if joint co	ontribution		
Address	City	State	Zip
Phone	e-ma	e-mail	
I would like to donate: \$		Date:	
Project/Event you would like to	donate:		
Please make check payable to "	ECLAT Founda	tion " and mai	l to:
420 Maplelawn Drive, Plano, T	X 75075; Phor	ne: (972)398-1	378;
Or Wiring information: Southw	vestern Nation	ial Bank (6901	Corporat
Drive Houston, TX 77036), ABA	Routing #: 11	.3024009 (don	nestic);
ECLAT Foundation, account #40)38088;		
Or scan one of the following Q	R codes:		
PayPal		Zelle	
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ECLAT is a registered 501(C)3 organization, tax payer ID: 45-0610857

e-mail: eclatfoundation.org@gmail.com