

**Donation Form  
Contact Information**



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Name

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Mailing Address

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Home/Work/Cell phone number (circle one)

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Email Address

**Pledge Amount**

Total Gift Pledged: \$ \_\_\_\_\_

Payment Included: \$ \_\_\_\_\_

I would like my gift to remain anonymous

My contribution is  In Honor of  In Memory of

Signature: \_\_\_\_\_

**Payment Options**

I am paying my full gift now:

My check made payable to YouthCARE is enclosed

My credit card information is below

I would like to become a sustaining donor by making a monthly payment:

I will send a check each month in the amount of: \_\_\_\_\_

Please charge the credit card below each month in the amount of: \_\_\_\_\_

I would like to become a sustaining donor by making a quarterly payment (March-June-Sept.-Dec.):

I will send a check each quarter in the amount of: \_\_\_\_\_

Please charge the credit card below each quarter in the amount of: \_\_\_\_\_

**Credit Card Information**

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Card Number

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Exp. Date

Security Code

Visa/MC/Disc/AmEx

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Signature

Please return this pledge form to Sue Wagner at [swagner@YouthCAREmn.org](mailto:swagner@YouthCAREmn.org), or  
YouthCARE | Attn: Sue Wagner | 2701 University Ave SE, Suite 205 | Minneapolis, MN 55414