

**Donation Form
Contact Information**



Name

Mailing Address

Home/Work/Cell phone number (circle one)

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 pay in monthly installments:
 - Please send me monthly invoices (8 monthly installments: October 2016 – May 2017)
 - I will sign up for monthly recurring charges at www.YouthCAREmn.org
- I would like to pay in quarterly installments:
 - Please send me quarterly invoices (3 quarterly installments: 10/2016, 1/2017, 4/2017)

Credit Card Information

Card Number

Exp. Date

Security Code

Visa/MC/Disc/AmEx

Signature

Thank you!

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