



# Out Youth

## DONATION FORM

**Yes**, I want to help *Out Youth* continue providing support to GLBT youth!

- I would like to become a monthly donor through making a monthly contribution, for a twelve month period, of: \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ Other - \$ \_\_\_\_\_
- Please draft my bank account on the 15th of each month.\*
- Please draft my Visa or MasterCard account on the 15th of each month.\*\*
- I pledge to send a monthly check to *Out Youth* by the 15th of each month.

- I'd like to make a one time gift of \$ \_\_\_\_\_ to *Out Youth*.
- My check is enclosed for my one-time gift.
- My bank account info is below for my one-time gift.
- Please use the credit card information below for my one-time gift.

- I would like this gift to be **Anonymous**. Do not publish my name or add me to your mail list.
- I would like this gift to be **In HONOR of**: \_\_\_\_\_
- I would like this gift to be **In MEMORY of**: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Partner First: \_\_\_\_\_ Partner Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### BANK ACCOUNT INFO:

Bank Account #: \_\_\_\_\_  Checking  Savings

Routing #: \_\_\_\_\_

### CREDIT CARD INFO:

Credit Card Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing zip: \_\_\_\_\_

Out Youth will send you an acknowledgement upon receipt of this form and then one at the end of the fiscal year.

*Out Youth* is a 501(c)3 non-profit organization and your contributions are tax-exempt to the fullest extent allowed by law.  
**Thank you!**

I hereby authorize *Out Youth* to draft my bank account or charge my credit card as indicated above.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_