



DONOR INFORMATION

Please print clearly using **BLACK** or **BLUE** ink.

Name :

Business Name:

Address :

City : **State :** **Zip :**

Phone : () **Fax:** ()

E-Mail :

I (we) pledge a total of \$_____ to be paid: ☐ one-time ☐ monthly ☐ yearlyI (we) plan to make this contribution in the form of: ☐ Check ☐ Credit/Debit ☐ Cashapp (\$YOUTHINCC)

Pay By Credit Card

Credit Card Number

Exp. date (MM/YY)

Name on card :

Authorizing Signature:

To make a donation online visit youthincsfl.org

MAIL COMPLETED FORM TO:

Youth Inc South Florida
20200 West Dixie Highway
Suite 902
Miami, Florida 33180

EMAIL COMPLETED FORM TO:

donations@youthincsfl.org

SCAN TO DONATE

Make Checks Payable To: **Youth Inc South Florida**

Youth Inc South Florida is a 501 (c)(3) not-for-profit organization. Tax I.D. 3 84-4855783. Your contribution is tax deductible. For assistance or questions with this form contact donations@youthincsfl.org or call (786) 539-0070.

THANK YOU FOR YOUR GENEROSITY

YOUTH
INC
SOUTH FLORIDA