



Contribution/Pledge Form

Name, Address, Day Phone, Email, Organization, City, State, Zip, Evening Phone, Preferred Contact Method

1. I would like to pledge support to NYFS in the following amount:

- \$100, \$250, \$500, \$1000, Other \$, Please contact me. I have other ideas to share.

2. Contribution Designation:

- Where Need is Greatest, Endowment, Capital Campaign, Senior Chore Program, Youth Employment Training Program, Community Social Work Program, Out-Patient Mental Health Services, Diversion Program, Summer Camp Program, Discovery Program

3. Payment Options:

- My check, made payable to NYFS, is enclosed.
Please charge my: Visa, MC, Discover, AmEx
Card #, Exp
Signature
Please bill my credit card monthly: 1st of month, 15th of month
Please withdraw my donation from my bank account monthly: 1st of month, 15th of month
Account #, Routing #
Signature

For a checking account, enclose a voided check. For a savings account, enclose a voided deposit slip
Please begin deducting my monthly donation of \$ on
Monthly authorizations will remain in effect until I notify NYFS either by phone or in writing to cancel.

- Please contact me about donating stock.
Please contact me about planned giving.
My company will match my gift. Company name

Northwest Youth & Family Services
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www.nyfs.org

Thank you for supporting Northwest Youth & Family Services!