



Credit Card Donation Form

First Name Last Name

Street Address

Street Address

City State Zip Code

Telephone Email

Donation Type:

One-time donation Monthly recurring donation

Tribute Donation: "In honor of" or "In Memory of" (please circle)

Donation Amount:

\$25 \$50 \$100 \$250 Other: \$_____

Credit Card #: _____

Security Code: _____ Expiration Date: ____/____/____

Signature: _____

For Tribute Donations Only:

Name of person for whom you are making the donation: _____

Occasion: _____

Please send a notification of my gift to the following address:

Include the amount of the donation Do not include the amount of the donation

First Name

Last Name

Street Address

Street Address

City

State

Zip Code

Email

Please mail this form to: Advocates for Youth, 2000 M Street, NW, Suite 750, Washington, DC 20036 or call 202 419-3420 for assistance.