



P.O. Box 2096 • Santa Barbara, CA 93120-2096 • (619) 241-9006 • [www.freedom4youth.org](http://www.freedom4youth.org)

## GIVING FORM

You can share in our commitment to making a difference in the lives of our youth and in their future as the adults in our community! When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to Freedom 4 Youth.

Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a \_\_\_\_\_ Monthly donation OR \_\_\_\_\_ One-time donation of \$ \_\_\_\_\_.

Please process my donation on the \_\_\_1<sup>st</sup> of the month OR \_\_\_15<sup>th</sup> of the month

I plan to make this donation in the form of \_\_\_\_\_ Checking Account OR \_\_\_\_\_ Credit Card

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



**Enclosed is a voided check OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.freedom4youth.org](http://www.freedom4youth.org) or by contacting Freedom 4 Youth by phone or mail. All donations provided to Freedom 4 Youth originating as ACH transactions comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

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### KEEP THIS PORTION FOR YOUR RECORDS

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For your convenience, record your donation \$ \_\_\_\_\_ \_\_\_1<sup>st</sup> of the month \_\_\_15<sup>th</sup> of the month

As a \_\_\_\_\_ Monthly donation OR \_\_\_\_\_ One-time donation