

E-GIVING FORM



You can share in our commitment to change the future. We believe that in order to change the future, we must start today. YMO actively takes part in the lives of area youth ages 5 - 21 and their families through various programs. Our main focus being to show the love of God in all we do. It is this love that has continued to draw children back week after week and year after year. When you participate, your donation will be transferred conveniently each month from your checking account directly to Youth Mission Outreach.

PO Box 5116
Poughkeepsie, NY 12602
(845) 473-5449

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.

www.YouthMissionOutreach.org

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

I'd like to make a monthly donation of \$ _____.

Please process my donation on the _____ 5th of the month OR _____ 20th of the month

I'd like my donation applied to:

<input type="checkbox"/> General (where needed most)	<input type="checkbox"/> Youth Night
<input type="checkbox"/> Bridges to Hope Tutoring	<input type="checkbox"/> 2 B Men
<input type="checkbox"/> Dance Troop	<input type="checkbox"/> God's Little Princess
<input type="checkbox"/> Fundraiser (Name specific event in comments field)	<input type="checkbox"/> Food Pantry

Comments: _____

Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____ / ____



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 at any time through the online donation form at www.YouthMissionOutreach.org or by contacting Youth Mission Outreach by phone or mail. All donations provided to Youth Mission Outreach originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

You may increase, decrease, or suspend your gift any time through the online donation form at www.YouthMissionOutreach.org or by contacting Youth Mission Outreach by phone or mail. All donations provided to Youth Mission Outreach originating as ACH transactions comply with U.S. law.

For your convenience, record your monthly donation \$ _____ on the _____ 5th of the month OR _____ 20th of the month

I'd like my donation applied to:

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Comments: _____