

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.

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.



26 Cooper Road Unit 313
Poughkeepsie, NY 12603
(845) 473-5449

www.YouthMissionOutreach.org

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____ Email _____

GIFT INFORMATION

I would like to make a:

- One-time Gift
 Monthly Gift

On the:

- 5th of the month
 20th of the month

Please apply my gift as follows:

- General (where needed most) Youth Night
 Bridges to Hope Tutoring Health Crusaders
 2 B Men Dance Troop
 Youth Choir God's Little Princess
 Food Pantry Fundraiser (name event in comments)


\$ _____ Gift Amount

Comments: _____

PAYMENT INFORMATION

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

****For One-Time Checking Account donations, please include a completed check with your donation form.**

My credit card information is listed below for gift. 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, Inc. by phone or mail. All donations provided to Youth Mission Outreach, Inc. comply with U.S. Law.

Signature (Required) _____ Date _____

Please make a copy of this form for your records or you can request a copy from:

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