

New Life CDC thanks you for your generosity. Your gifts make a huge impact in the lives of local youth and local families. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to New Life CDC.

H	Name(s)						
CONTACT	Address						
	City						
U	Telephone ()						
GIFT INFORMATION	Please process my gift:	On the:		se apply my dona			
	One-time	1st		General			
	Monthly	10th		S Success (			
	Quarterly	15th		S Health C	Health Center		
	Annually	20 <sup>th</sup>		5 Food & 0	Food & Clothing Pantry/Homeless Shelter		
			\$ English Classes				
	Please process my first gift on:			\$ Young Governors			
	/			Girl Scouts			
	(mm/dd/yyyy)			S After Sch	After School Program		
			\$	тот	AL GIFT AMOU	NT (required)	
	Comments:						
PAYMENT INFORMATION	Enclosed is a voided check for my gift. Please transfer my gift from my checking account.						
	OR .						
	My credit card information is listed below for my gift. Please transfer my donation from my credit card.						
	Credit Card Number Expiration Date/						
	WISA MONTON DISCUVER ACCOUNTS						
	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 <a href="www.newlifecdc.nyc">www.newlifecdc.nyc</a> or by contacting						
_	New Life CDC by phone or mail. All donations provided to New Life CDC originating as ACH transactions comply with U.S.						
	Law.						
	Signature		Date	(Re	equired)		