

Yes, I'm happy to support YouthFriends!

My gift is in the amount of \$ _____.

Name _____

Address _____

City _____ State _____ Zip _____

By credit card:

Number _____

___ Visa ___ MasterCard ___ American Express ___ Discover

Expires _____ CVV# (3 or 4 digit # on card) _____

Monthly installments (over 12 months) \$ _____ per month.

Signature _____

By check:

Check enclosed in the amount of \$ _____ made payable to YouthFriends (YouthFriends, 1740 Main Street, Kansas City, MO 64108 | Telephone 816.842.7082).

Please designate my gift as follows:

\$ _____ YouthFriends Endowment

\$ _____ Judge Cordell D. Meeks Memorial Scholarship

\$ _____ General YouthFriends Operations

Matching:

My employer will match my gift (please submit matching gift form from your employer).

Tribute:

My gift is in honor of: _____
(name)

(address) (city, state, zip)