



www.youthfirstinc.org

## DONATION FORM

Youth First’s mission is to strengthen youth and families through evidence-based programs that prevent substance abuse, promote healthy behaviors, and maximize student success.

Please complete the following information and return to the Youth First office:

By Mail

111 SE Third Street  
Suite 405  
Evansville, Indiana 47708

Online

[youthfirstinc.org/donate](http://youthfirstinc.org/donate)  
*If your donation is designated to a specific school or county, please put that information in the “other” box at the bottom of the page.*

Yes! I would like to support Youth First’s mission by making a monetary contribution in the amount of \_\_\_\_\_.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This is a one-time gift  Please invoice me (circle one) monthly, quarterly, or annually for gift amount

These funds are to be used for the following school system or county: \_\_\_\_\_

Method of Payment:  Check  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3Digit Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please note that the official tax receipt will be issued within 48 hours of this contribution.  
For more information, please contact Crystal Sands, VP of Philanthropy at 812-421-8336 Ext. 119***