



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
If your donation is designated to a specific school or county, please indicate on the form at the bottom of the page.

YES! I want to support Youth First's mission by making a gift of \$_____.

YES! I want to make this gift an annual multi-year commitment. How many years? _____

Send me an annual pledge reminder in the month of _____.

DOUBLE YOUR IMPACT and support Youth First's life-changing work!

A generous donor wants to ensure the future of Youth First is bright with an annual matching gift opportunity of up to \$100,000 each year for 10 years. Your gift will qualify for the match if you meet any of these criteria:

- ____ This is my first donation to Youth First in the last three years.
- ____ My previous gifts to Youth First have been \$1,000 or less, and I am now increasing my donation.
- ____ This is the first time I have made a multi-year commitment to Youth First.

Name of Donor(s) as you would like it listed: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Check whether gift is Unrestricted for any use or Restricted for: _____
(specify program, school, school system, county, community, etc.)

Method of payment: Check Visa MasterCard

Credit Card Number: _____ Expiration Date: _____ 3-Digit Code: _____

Name on Card: _____ Signature: _____

For more information, please contact Julie Hoon, VP of Philanthropy, at 812-421-8336 ext. 119.