

RESPONSE

First Name _____

Last Name _____

Address _____

City _____

State/Prov _____

ZIP/Post Code _____

Country _____

Email _____

Donation Preference _____

DONATE ONLINE YFCI.ORG/DONATE

I will give \$ _____ per month quarter
 year special gift

Enclosed is a check payable to Youth for Christ.

I authorize deductions from my card/account.

Name _____

Please print as it appears on the card/account

Account # _____

Routing # _____

For automatic deductions please enclose a voided check

Credit card    

Card # | | | Exp Date |

Signature _____ Date | |

Please return all forms to:

Youth for Christ International

PO Box 4555

Englewood CO 80155-4555 USA

FAX +1 303 843 6017

