

Monthly Donation Form



By making a donation every month you really CAN make a difference.

Simply fill in this form and return to us and we will do the rest!

Personal Information

Name: _____		
First Name		Last Name
Street Address: _____		
City/Town: _____	State: _____	Postal Code: _____
Email: _____	Phone: (_____) _____ - _____	

Donation Information

Monthly Gift Amount:	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> Other: \$ _____
Your donation will be processed on the 15th of each month.						
This donation is made by:	<input type="checkbox"/> an individual	<input type="checkbox"/> a business				
	<input type="checkbox"/> Pre-authorized debit (please fill out the pre-authorized debit (PAD) section below)					

Pre-Authorized Debit (PAD)

Please attach a VOID check.	
Signature: _____	Date: _____
<small>I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.</small>	
<small>I have certain recourse if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution.</small>	

The Y.E.S. Foundation respects the privacy of its donors; we do not sell, rent, or trade our donor lists.

A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donation.

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