



DONATION FORM

Donor Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Type of Gift

Enclosed is my/our one-time gift of \$_____.

I wish to make a sustaining gift of \$_____ recurring each: month* quarter* year*

** I understand that my credit card gifts will continue until I notify AYF of a change or cancellation*

Designation of Gift

Please use my gift to support:

the greatest need (unrestricted)

AYF program scholarships

Other: _____

This is a Tribute Gift

In Honor of _____ In Memory of _____

Please notify the following person/people about this gift (please provide name and contact information below)

Payment Method

My check/money order is enclosed (please make payable to the American Youth Foundation)

Please charge my gift to my credit card: American Express Mastercard Visa Discover

Card # _____ Exp. Date _____ CVV _____

Print Name (as appears on card) _____ Signature _____

Please print and mail completed form to:

**American Youth Foundation
6357 Clayton Road
St. Louis, MO 63117**

Or save and email completed form to:

aoliverio@ayf.com