



**YOUTHFORCHRIST INTERNATIONAL**



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

Donation Preference \_\_\_\_\_

I will begin partnering \$ \_\_\_\_\_ each  
 month  quarter  year

I would like to give \$ \_\_\_\_\_ now.

Enclosed is a check payable to Youth for Christ.

I authorize YFC to deduct from my card/account.

Name \_\_\_\_\_

Please print as it appears on the card or account.

Bank Account # \_\_\_\_\_

Routing # \_\_\_\_\_

For automatic deductions please enclose a voided check



Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Send to: Youth for Christ  
International Office  
PO Box 4555  
Englewood CO 80155-4555 USA

Fax to: +1 303-843 6017

PO BOX 4555 ENGLEWOOD, CO 80155-4555 USA  
FAX +1 303-843-6017 TEL +1 303-843-9000  
INFO@YFCI.ORG WWW.YFCI.ORG

