



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

