



DONOR PLEDGE FORM

Thank you for your generous support of CYC and the youth and families we serve.

Donor Information (please type or print)

Name(s) _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly

To go towards (check one) General Fund Programs/Outreach Special Events

Capital/Building Campaign Other

Notes: _____

I (we) plan to make this contribution in the form of: cash check credit card other

Credit card type _____ Expiration date _____ CSC _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed

form will be forwarded

Acknowledgement Information

Name(s) to be used in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Community Youth Center of San Francisco is a California 501(c)3 Non-Profit Corporation, Federal Tax ID 94-1728818.
All donations are tax-deductible for the full amount less the value of any goods and/or services received.
For more information, please call (415) 775-2636 x223.

Thank You for Your Support!