



**V2 National Association of Foster Youth Inc.**

**Donation Form**

**EIN:**

Are you a member of V2 National Association of Foster Youth Inc: Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Where would you like your donation to go?** \_\_\_\_\_

OPTION # 1: I want to make a one-time donation: \$ \_\_\_\_\_

OPTION# 2: \_\_\_\_ I want to make a recurring donation for the next 3 months: (credit card/ PayPal):

OPTION# 3: \_\_\_\_ I want to make a recurring donation for the next 6 months: (credit card/ PayPal):

OPTION# 4: \_\_\_\_ I want to make a recurring donation for the next 9 months: (credit card/ PayPal):

OPTION# 5: \_\_\_\_ I want to make a recurring donation for the next 12 months: (credit card/ PayPal):

Donation Amount \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

3- Digit Security Code: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Signature Required for Credit Card: \_\_\_\_\_

**Total Donation:** \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Board Treasure Approval: \_\_\_\_\_ Date: \_\_\_\_\_