



Donation Acknowledgement Form

THANK YOU! THANK YOU! THANK YOU! THANK YOU! THANK YOU! THANK YOU!

Date of Donation: _____

Name of Donor(s): _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: H _____ C _____ W _____

Email Address: _____

Donation Type: Monetary: Other:

Total Monetary Donation: _____ *Please Check One*
 Cash Credit Card Check Check # _____

Credit Card Sec Code: _____	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	Discover <input type="checkbox"/>	AmEX <input type="checkbox"/>
CC Account Number: _____	Exp. Date: _____			
Cardholder's Name: _____				
Cardholder's Signature _____				

Value of Non-Monetary Donation as Indicated by Donor: \$ _____

If donation will be reported as a tax deduction value must be noted.

Description of Donation: *(Please be as specific as possible)*

Donor Signature: _____

YPI Representative
Who Received Donation: _____

*Youth Pride, Inc. is a 501(c)(3) nonprofit organization.
Your contribution is tax-deductible to the extent allowed by law.
No goods or services were provided in exchange for your donation.*

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