



Automatic Monthly Donation Form

Name _____
Billing Address _____ City _____
State _____ Zip _____ Billing Phone _____
Email address _____

I would like to donate \$ _____ per month to:

- YFC's General Fund
- An Individual Staff Member . . . Name _____
- A YFC Ministry Program . . . Name _____

Credit or Debit Card Authorization Form

Please charge my (circle one): **Visa** **MasterCard** **Discover**

Name (as it appears on card) _____
Acct. number _____
Expiration Date _____ 3 Digit Security Code _____

I hereby authorize Central Maryland Youth for Christ, or its agents, to charge the amount listed above from the indicated account on the 16th of each month.

Signature _____ Date _____

Please return your completed form to Central Maryland Youth for Christ
P. O. Box 3944
Frederick, MD 21705
Call: 301-663-0561 or Fax: 301-663-8980
Email: yfc@yfccm.org
Webpage: www.yfccm.org