

THE BARNABAS YOUTH CENTER (THE BYC)

I hereby support the services of The BYC and their mission with the enclosed donation.

Name: _____

(As it should appear in on identification documents e.g. John Doe, MD, DR., Mr., Miss, Mrs, etc)

- | | |
|--|---|
| <input type="checkbox"/> Diamond Donor (\$5,000+) | <input type="checkbox"/> Platinum Donor (\$1,000-\$4,999) |
| <input type="checkbox"/> Gold Donor (\$500-\$999) | <input type="checkbox"/> Silver Donor (\$250-\$499) |
| <input type="checkbox"/> Bronze Donor (\$100-\$249) | <input type="checkbox"/> The Good Samaritan Donor (\$1-\$99) |

Total Donation: _____

I will make payments:

Please bill me in increments of:

- _____ Annually
_____ Quarterly
_____ Monthly
_____ Bi-Weekly
_____ Weekly

Donor Information

Please charge my credit card: Amount: \$ _____

VISA Mastercard AMEX Discover Other

Card Number: _____

Expiration Date: _____ CSV Number: _____

Name on card _____

Name/Organization: _____

Phone: (____) - ____ - _____ Fax: (____) - ____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Please return this form along with your donation to:
The Barnabas Youth Center
P. O. Box 91
Elberton, GA 30635*

*or
Go online to donate at:
www.thebyc.org*

All donations are tax deductible

*The BYC is a 501(C)(3) tax exempt organization,
Federal ID# 45-2232584*

*Questions? Email Eric Lundy at
eric.lundy@thebyc.org*

Signature: _____ Date: _____