



DEVELOPMENT OFFICE

(209) 941-2611

Your contribution payable to Women's Center-Youth & Family Services is tax-deductible as provided by the law. Tax ID# 94-2341360.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gift amount \$ _____ Check enclosed Credit card

Visa MasterCard Discover American Express

One time gift Monthly gift – Please charge my credit card \$ _____

on the _____ day of each month. (I may cancel at any time by calling (209) 941-2611.)

Name on card _____

Card# _____ Exp. Date _____

Signature _____

In Memory Of _____

In Honor Of _____

Send acknowledgement to: _____

Comments: _____

I would like this gift to remain anonymous

My company will match my gift.

Please send me information on how to include Women's Center-YFS in my will or estate plan.