

I would like to make a donation to

# Capital City Youth Services

With your cash gift, CCYS can help more youth through prevention and outreach, crisis intervention, family counseling, and other programming.

Name: \_\_\_\_\_  
AS IT APPEARS ON CREDIT CARD OR CHECK

Address: \_\_\_\_\_  
AS IT APPEARS ON YOUR BILLING STATEMENT OR CHECKING ACCOUNT

\_\_\_\_\_  
CITY, STATE and ZIP CODE

Home phone number: (\_\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_\_) \_\_\_\_\_

Enclosed is my gift in the amount of:  \$25  \$50  \$100  \$250  Other \$ \_\_\_\_\_

PLEASE NOTE: CREDIT CARD DONATIONS MUST AT LEAST \$25 IN ORDER TO PROCESS.

My check is enclosed.

Credit card number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_ (MM/YY)

American Express  Discover  MasterCard  Visa

Card Verification Number: \_\_\_\_\_

*NOTE: FOR MOST CARDS THIS IS THE THREE-DIGIT NUMBER ON THE BACK OF THE CARD. FOR AMERICAN EXPRESS IT IS THE FOUR-DIGIT NUMBER ON THE FRONT.*

Authorized Signature: \_\_\_\_\_

Please make your check payable to **Capital City Youth Services** or **CCYS**.

**Print this form and return it with your donation to:**

Capital City Youth Services, Inc.  
2407 Roberts Avenue  
Tallahassee, FL 32310  
(850) 576.6000 ext. 326

## Thank you for your generosity and support!!

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