Youth Shelters

Yes! I want to improve the lives of homeless and in-crisis youth.

☐ **One Time Donation** of $_____

☐ **Monthly Pledge** of $_____ per month to be charged to my credit card until _____

Ways in which your support can help:

$50 = 1 month of diapers/formula for a teen mom
$250= 1 week of Street Outreach services for a youth
$1,000= 2 weeks of shelter for a homeless/in-crisis youth
$2,500= 3 weeks of housing, meals, counseling and case management for a youth
$125= 3 workforce development classes for a youth
$500= 2 weeks of transitional housing for a teen mom or youth who has "aged out" of the foster care system
$5,000= one month of counseling for 15 abused, runaway, and in-crisis youth.

☐ My Employer will match my gift: _____
Employer name Address Phone

Please Charge my gift to my ☐ MasterCard ☐ Visa

_____ _____
Card Number Expiration Date

_____ _____
Signature CCV # (3 digit code; see back of card)

You may also charge via the web at www.youthshelters.org or Call (505) 983-0586

_____
Name

_____
Address

_____
City State Zip

_____
Daytime Telephone Evening Telephone

_____
E-mail

Name as I wish it to appear in YS publications:

_____

☐ I wish to remain anonymous.
☐ I am interested in Volunteering. Please call me to arrange an interview.
☐ I would like information about Planned Giving

This donation is ☐ *In Memory of* ☐ *In Honor of* ☐ *As a gift to* _____

Please send acknowledgement of this gift (without reference to the amount) to

_____
Name

_____
Address

Please remember that YS graciously accepts gifts of stock. Please call 983-0586 for more information.

Unless otherwise designated these funds will be used for YS general operating expenses

To donate, mail completed form and preferred method of payment to:

Youth Shelters
Attn: Karen Rowell
P.O Box 28279
Santa Fe, NM 87592-8279