

YES, I WANT TO MAKE A DIFFERENCE

Name: _____
(As you would like it to appear on your acknowledgement)

Address: _____

City: _____ State: _____ Zip: _____

- I want to make a one-time donation of \$ _____.
- I want to give a monthly amount of \$ _____ through JTD's online secure giving vendor.

Payment Options:

- Bill my credit card My check is enclosed
- Call me to collect my credit card information Ph. Number: _____

Additional Information and options:

- Please send me updates and news on youth issues.
Email address: _____
- I am interested in JTD providing a presentation at my office for parents or caregivers.

To bill your credit card, we will need the following information. Credit card transactions are processed through a secure online vendor.

Name as it appears on credit card: _____

- Master Card Visa Discover American Express

Credit Card Number: _____

Card Security Code: _____ Exp. Date: _____
(Usually the last 3 or 4 digits on the signature panel)

Thank you for your support of The Journey to Dream Foundation!

Journey to Dream is a 501(c)(3) Non Profit Corporation

Embracing the Heart of a Generation



Tax Receipt

Name	
Address	
City	
State/Province	
Zip	
Phone	
Total pledge amount	

Type of donation	
Description	
Value	

Thank you for your generous support!

www.journeytodream.com

Journey to Dream is a 501(c)(3) non-profit corporation. Contributions of goods are deductible for the income tax purposes to the extent the law allows. Journey to Dream does not document or set the value for your gift. This function is the privilege and responsibility of the donor.

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