

Thank you for your pledge of support.

Name

Address

City

State

Zip

Phone

Email

(Newsletters sent electronically)

I / We want to make life better for LGBTQ youth in WNC with a (total) contribution of:

___ \$1,000

___ \$500

___ \$250

___ \$100

___ \$50

___ Other _____

- Check is enclosed (payable to Youth OUTright, WNC, Inc.)
- Please bill my credit card for the entire amount.
- Make my life easier and help to sustain YO! Please bill my credit card:
- monthly quarterly biannually
- in the amount of \$_____ per payment.

Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

(Please circle)



Name on Card

Signature

Card Number

Exp. date

3-Digit Security Code

Billing ZIP code

*Our supporters are recognized on our website.
Please check if you would prefer to remain anonymous. _____*

Thank you.

Your donation is very much appreciated and tax-deductible as allowed by law. Youth OUTright, WNC, Inc. is a 501(c)3 organization.

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