



GIFT AMOUNT

I would like to make a gift to My 180 Youth Program in the amount of \$ _____

ABOUT YOUR GIFT

Note: _____

CONTACT INFORMATION

Mr. _____ Mrs. _____ Ms. _____ Dr. _____

First Name: _____ Last Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

**Please see if your company will match your gift to My 180 Youth Program.*

BILLING INFORMATION

_____ I have enclosed my check made payable to My 180 Youth Program.

Credit Card No: _____ / _____ / _____ / _____ Security Code: _____ Exp. Date _____ / _____

Name of Cardholder (for corporate cards, please include company name): _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

WHERE TO SEND YOUR GIFT

Please complete this form and mail it with you check/credit card information to:
My 180 Youth Program, 3407 S. Jefferson Ave, St. Louis, MO 63118.

For credit card transactions, you may also choose to donate online at my180yp.org/donate, or save and email this form to Roy Jefferson at rjefferson@my180yp.org. If you have any questions, please contact Roy Jefferson at rjefferson@my180yp.org or by phone at (314) 635-8039.

Donations to My 180 Youth Program, Inc., a 501(c)(3) organization, are tax-deductible as applicable by law.