



970 763 7000  
theyouthfoundation.org

I would like to make the following contribution:

**LEVELS OF SUPPORT**

- |  |  |
|--|--|
| <input type="checkbox"/> \$50 Contributor  | <input type="checkbox"/> \$2,500 Patron            |
| <input type="checkbox"/> \$100 Friend  | <input type="checkbox"/> \$5,000 Champion          |
| <input type="checkbox"/> \$250 Mentor  | <input type="checkbox"/> \$10,000 Benefactor       |
| <input type="checkbox"/> \$500 Supporter   | <input type="checkbox"/> \$25,000 Philanthropist   |
| <input type="checkbox"/> \$1,000 Advocate  | <input type="checkbox"/> \$50,000 Founder's Circle |
| <input type="checkbox"/> Please make this a 3-year pledge <input type="checkbox"/> Other _____ |  |
| <input type="checkbox"/> Please contact me about other giving opportunities.                   |  |

Check here if your primary residence is in Colorado and you would like to designate this gift to a Child Care Contribution Credit qualifying program. (Available for gifts over \$100.)

This gift is in honor of \_\_\_\_\_

In memory of \_\_\_\_\_

GIFTS ARE TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW.

# skills for a lifetime

**GIVE HERE** and help a child recognize their potential and make their dreams come true.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CREDIT CARD DONATION:  VISA     MASTERCARD     AMERICAN EXPRESS    AMOUNT OF GIFT \$ \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_ CID# \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_

Please make checks payable to The Youth Foundation.

**The Youth Foundation | PO Box 2761 | Edwards, CO 81632**