



Please print this form, complete the information below, and enclose it with your gift,
payable to Daybreak Youth Services.

Mail to: Daybreak Youth Services, 960 E. 3rd Ave., Spokane, WA 99202.

Fax to: (509) 444-7038.

Yes, I want to help teens build a drug-free future!

Name(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Work/Cell Number: _____

Email Address: _____

I/we would like to support Daybreak as a(n):

- Investor (\$5,000+) Founder (\$1,000 - \$4,999) Faithful (\$500 - \$999)
 Friend (\$250 - \$499) Amount Enclosed: \$ _____

This dedication gift is made:

In Memory of: _____

In Honor of: _____

Please send an acknowledgment letter to:

Name: _____

Address: _____

City, State, ZIP Code: _____

This gift will be matched by (name of employer): _____

(If you are not sure if your employer will match your donation, we'll find out for you and let you know.)

This gift is being paid by: Check Visa MasterCard

Card Number: _____

Expiration Date: _____

Name (as it appears on the card): _____

Billing Address (if different from above): _____

Signature of Card Holder: _____

- One time gift** **Recurring Gift:** I authorize Daybreak Youth Services to charge \$ _____
to the above credit card on the 15th of each month, effective on ____/15/____.

Daybreak Youth Services is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Organization are tax-deductible to the extent provided by law.

Thank you for supporting our youth!