



I would like to Donate the following amount to JFYNetWorks \$ _____, _____.

Select donation type: Monthly (reoccurring) Single (one time)

IF DONATING by CREDIT CARD, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Select Credit Card type:

VISA Master Card American Express Discover

| | |
|--|--|
| CREDIT CARD NUMBER*: | |
| NAME as it APPEARS ON CREDIT CARD*: | |
| 3-DIGIT SECURITY CODE*: | |
| EXPIRATION DATE*: | |

* Required

Please provide the following information in full:

| | |
|---------------------------|--------------|
| BILLING ADDRESS*: | |
| CITY*: | |
| STATE*: | ZIP*: |
| TELEPHONE HOME*: | |
| TELEPHONE MOBILE*: | |

* Required

DONATING BY CHECK

MAIL YOUR SIGNED CHECK, along with this form to:

JFYNetWorks
44 School Street, Suite 1010
Boston, MA 02108
Attn: *webdonation*

STAY IN TOUCH to LEARN HOW YOUR DONATION IS BEING USED. SIGN UP TODAY!

eMAIL ADDRESS: _____