



Single or Monthly Gift Form

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

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*:	

Please provide the following information in full:

BILLING ADDRESS:	
CITY:	
STATE:	ZIP:
TELEPHONE HOME:	
TELEPHONE MOBILE:	

DONATING BY CHECK

MAIL YOUR SIGNED CHECK, along with this form to:

JFYNetWorks
P. O. Box 194
Boston, MA 02137
Attn: webdonation

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

eMAIL Address: _____