



Monthly Donation Form

Thank you for supporting our youth and their families! Use this form if you would like to donation by check, credit card, or by electronic transfer from your checking or savings account to Spectrum. You can also donate by credit card online at <http://donate.spectrumvt.org>.

Personal Information:

Name: (required) _____

Spouse/Partner Name: _____

Address: (required) _____

City, State, ZIP: (required) _____

Country: (required) _____ Phone: (required) _____ Email: (required) _____

Donation Information:

I would like to donate \$ _____ per month to Spectrum Youth & Family Services.

Payment Information:

Please consider this a pledge, to be paid on or by _____ (date).

CHECK ENCLOSED

CHECKING/SAVINGS ACCOUNT TRANSFER

Yes, Spectrum Youth & Families Services can initiate entries to my Checking/Savings account at (name of financial institution): _____

and, if necessary, initiate adjustments for any transactions credited/debited in error.

Bank account number: (required) _____

Routing number: (required) _____

Signature: (required) _____

CREDIT CARD CHARGE

Yes, please charge my credit card each month in the amount stated above to this card:

Card Number: (required) _____

Expiration Date: (required) _____ Security Code: _____ Card Type: _____

Signature: (required): _____

*Spectrum Youth & Family Services is a 501(c)3 designated organization (EIN: 03-0253232).
Your contribution is tax-deductible to the extent allowed by law as long as no goods or services
were provided in exchange for your donation.*

Please return this form to:

Bridget Everts, Spectrum Youth & Family Services, 31 Elmwood Ave., Burlington, VT 05401