



## Monthly Donation Form

**Thank you for supporting our youth and their families!** Use this form if you would like to make a 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 [spectrumvt.org/donate/monthly](https://spectrumvt.org/donate/monthly). Your account will be charged on the 15th of each month if by credit card, or the first business day thereafter if by checking or savings account.

### 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