



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. 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