

YPN Gift Form

YPN • 420 6th Street S.E., Suite 260 • Cedar Rapids, Iowa 54201

My Information		
Mailing AddressEmail		
Preferred Telephone		□ cell □ home □ office
Gift Details		Payment Method
□ YPN General Agency Support	\$	I/we pledge the following gift: \$
□ YPN Building Bright Futures	\$	The portion paid herewith is: \$
□ Eastern Iowa Diaper Bank	\$	I wish to complete this pledge over: □1 year □3 years □5 years □10 years □ Other
□ YPN We Care Shop	\$	
ScholarshipName of new or existing fund	\$	Please make checks payable to YPN.
□ Sponsorship Name of event or campaign (check one) □ Operation Diaper Drive □ Trivia Night □ Holiday Dinner	\$	I/we will fulfill the remainder of this commitment through the following method: Automatic monthly payments from bank account Debit \$ per month on the 1st or 15th (circle one) beginning / (MM/YY) Credit Card: Please charge my card \$
□ Other	\$	□monthly □ quarterly □ semi-annually □ annually beginning/(MM/YY)
Additional Gift Details		*Please complete credit card information below.
 □ My/our employers will match my/our gift. Company name(s):		□ Bill me: Please send a reminder for \$ monthly □ quarterly □ semi-annually □ annually All gifts are tax deductible to the extent provided by law. Credit Card Information
☐ I have included, or would like information on how to include YPN in my will.		Credit card information will not be kept on file. Card Type:
\square I wish for my/our gift to be anonymous.		□ VISA □ MasterCard □ Discover □ American Express Card Number:
Please print name(s) as you wish them to appear for any recognition purposes.		Billing Address: City, State, Zip: