

Donation Form

Karedise Christian Youth Center Inc.

A non-profit organization under Section 501 © (3) EIN# 82-1411286.



“Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did it for me.” Matt. 25:40

The Youths, Our Future

“To provide a safe environment for youths of all faiths for the purpose of spiritual growth, character development, leadership skills through quality athletic programs, praise/worship, and concrete seminars.”

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: one time monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

I (we) would like a tax receipt for my donation

Signature(s)

Date

Please make payable to:

Karedise Christian Youth Center Inc.
P.O. Box 123, Grant-Valkaria, FL 32949