NEW VISION YOUTH & COMMUNITY SERVICES

Empowering Youth. Strengthening Communities.

Milledgeville, GA 31061 | Phone: 404.884.1907 | Email: programs@newvisionyouth.org | Website: www.newvisionyouth.org

DONATION FORM

Your generosity changes lives.

SECTION 1 — ABOUT YOU | Donor Information

Full Name

Organization / Company (if applicable)

Address Line 1

Address Line 2 (Apt / Suite)

City	State	ZIP Code

Country (if outside U.S.)

SECTION 2 — CONTACT INFORMATION

Phone Number

Email Address

Preferred Contact Method

☐Phone ☐ Email ☐ Mail

May we contact you about future giving opportunities?

☐Yes ☐ No

SECTION 3 — YOUR GIFT | Donation Amount

Please select a gift amount:

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000

Other Amount: $	

Designation / Fund (optional)

Direct my gift to:

☐ General Fund ☐ Youth Programs ☐ Community Outreach

☐ Scholarship Fund ☐ Where Most Needed

SECTION 4 — MAKE IT RECURRING | Recurring Gift Options

Is this a recurring gift?

☐Yes ☐ No (one-time gift)

If yes, please select frequency:

☐Monthly ☐ Quarterly ☐ Annually

Start Date

"I authorize New Vision Youth & Community Services to charge the recurring gift amount indicated above until I notify the organization in writing to stop."

Donor Signature (Recurring Authorization)		Date

SECTION 5 — PAYMENT INFORMATION

Please select your payment method:

☐ Check (payable to *New Vision Youth & Community Services*)
☐ Credit / Debit Card
☐ Cash
☐ Electronic Transfer (EFT / ACH)
☐ Online Donation (see QR code below)

For Credit / Debit Card Payments:

Card Number

Expiration Date (MM / YY)		CVV		Billing ZIP

Name on Card

Check Number (if applicable)

Scan to Donate Online:

SCAN TO DONATE ONLINE

SECTION 6 — HONOR OR MEMORIAL GIFT (Optional)

Is this gift in honor or memory of someone?

☐ Yes ☐ No
☐ In Honor of ☐ In Memory of

Name of Honoree	

Please notify (Name):

Notification Address:

SECTION 7 — DOUBLE YOUR IMPACT | Employer Matching

Does your employer offer matching gifts?

☐ Yes ☐ No ☐ Not Sure
Employer Name
I will submit a matching gift form to my employer:
☐ Yes ☐ No

SECTION 8 — AUTHORIZATION & CONSENT

"I hereby authorize New Vision Youth & Community Services to process the donation described above. I understand that my donation may be tax-deductible to the extent allowed by law. I confirm that all information provided is accurate."

☐ I consent to receive email updates and newsletters from New Vision Youth & Community Services.
☐ I agree to the terms and conditions of this donation.

Donor Signature		**Date**

Print Name: _____

Section 9 — For Staff Use Only — Do Not Write Below This Line

Date Received
Amount Received: $
Receipt Issued
☐ Yes ☐ No
Receipt #
Entered by
Notes

Thank you for your generous support of New Vision Youth & Community Services!

Please mail completed forms to: Milledgeville, GA 31061 | Phone: 404.884.1907 | Email: programs@newvisionyouth.org | Website: www.newvisionyouth.org

New Vision Youth & Community Services (DBA New Vision Community Development INC) is a 501(c)(3) nonprofit organization. Donations are tax-deductible as allowed by law.

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