



CONTRIBUTION FORM

PLEASE COMPLETE THIS FORM IN FULL AND
RETURN TO THE
Office of Advancement
3400 HIGH POINT BLVD.
BETHLEHEM, PA 18017-7815
(610) 820-0166
ADVANCEMENT@VALLEYOUTHHOUSE.ORG

CHECK ONE: Cash Check Credit Card In-Kind Gift

Complete this section for all Donations

DONOR _____

CONTACT PERSON (if donor is a company/group) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

☐ PLEASE DO NOT DISPLAY MY NAME PUBLICLY. I WOULD LIKE TO REMAIN ANONYMOUS.

Complete this section for Gift In-Kind Donations

DESCRIPTION OF DONATION _____

PROGRAM TO RECEIVE DONATION _____

VALUE OF DONATION \$ _____

Complete this section for Credit Card Donations

CREDIT CARD TYPE: MC VISA AMEX DISC NAME ON CARD _____

CC # _____ EXP. DATE _____ SEC. CODE _____

Billing Address (if diff. than above) _____

SIGNATURE _____

Please understand it is the responsibility of the donor to produce sufficient information to substantiate this value for tax purposes. A copy of IRS Form 8283 is available from the Office of Advancement. Gifts to Valley Youth House are tax-deductible to the extent allowed by law. No good or services have been provided to the donor by VYH in consideration of this gift.

OFFICE USE ONLY

DONATION RECEIVED BY _____

OFFICE LOCATION _____ DATE _____

This completed form may be copied and given to donors as acknowledgment of their donation.