



DIABETIC YOUTH FOUNDATION

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DYF Recurring Donation Form

Your Name _____

Address _____

City/State _____ Zip _____

Telephone _____

Email Address _____

I would like to make a recurring gift to the Diabetic Youth Foundation.

Please charge my credit card the following amount \$ _____

Weekly Monthly Quarterly Annually Other

Credit Card # _____ VISA/Discover/MasterCard/AmEX (circle one)

Expiration _____ Three digits on back of card _____

Signature _____

Your gift helps to provide community, education and recreation programs to children, teens and families affected by diabetes. DYF is committed to keeping your information and gift amounts confidential. All credit cards are charged at the beginning of the month. Your contributions are tax deductible, and an acknowledgment letter will be sent at the end of the calendar year.