



YOUR DONATION HELPS TO ENSURE THE SUCCESS OF YOUTH



Become a Sustaining Donor

Contribution Amount: \$_____ a month. Sustainer: I will make ongoing monthly contributions so that my membership renews automatically until I ask to stop or change it.

Please fill out the information in the following Authorization Form, check appropriate boxes and sign. Then, mail it with voided blank check (if appropriate).

<p>EFT Authorization Form</p> <p>I authorize Lakes Area Youth Service Bureau, Inc. (LAYSB) to withdraw \$_____ each month from my checking account or credit card. I understand these contribution payments will continue and will be automatically renewed. I may cancel or change the amount of my contribution at any time, by giving LAYSB or my bank 30 days notice.</p> <hr/> <p>Signature and Date</p>	<p>Please print</p> <hr/> <p>First Name (M) Last Name</p> <hr/> <p>Address</p> <hr/> <p>City, State Zip</p> <p>Please return this form and voided blank check to: LAYSB 244 North Lake Street, Forest Lake, MN 55025</p> <p>Questions? Please call 651-464-3685 or e-mail Jackie.Kottke@ysblakesarea.org</p>
<p>CREDIT CARD Number: _____</p> <p>Credit Card Type: Visa _____ MasterCard _____ Expiration Date: _____ Security Code _____</p>	