



Pledge Form

Yes! I/we would like to join DYF's Circle of Impact:

- One-Year Gift Commitment
Gift Amount *(\$5,000 minimum)* \$ _____
- Multi-Year Gift Commitment
Gift Amount *(\$5,000 minimum)*
\$ _____ per year for _____ years for a total gift of \$ _____
- Check this box if you would like to remain anonymous
- Check this box if your employer matches charitable donations

Donor Information

First name(s) _____ Last name(s) _____
Name(s) for Publication _____
Address: _____
City, State: _____ Zip Code: _____ Phone: _____

Payment Information

Check Enclosed Gift of Stock*
 Visa MasterCard American Express Discover
Name on Credit Card _____
Card Number _____ Expiration Date _____
Security Code _____

** Gifts of stock, please contact Christi Rossi at 925.680.4994 x104 or rossi@dyf.org for details*

Authorization

Signature(s) _____ Date _____

Your gift is tax deductible to the extent allowed by law. Federal Tax ID# 94-6003673

Diabetes Youth Families | 5167 Clayton Rd., Suite F | Concord, CA 94521 | 925.680.4994 | www.dyf.org

Thank you for your generous support.