

*Yes, I want to help redirect youth who are starting to get in trouble at home, at school, or with the law.*

Enclosed is my check for \$ \_\_\_\_\_.

I would like this contribution to be directed to:

\_\_\_\_ Capital Campaign

\_\_\_\_ Program Support

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Optional: This gift is in \_\_\_ honor of \_\_\_ memory of: \_\_\_\_\_

Please notify this person or organization of my gift: \_\_\_\_\_

\_\_\_\_ Please list me as "Anonymous" in your Annual Report.

\_\_\_\_ My employer will match this gift (form enclosed).

Employer \_\_\_\_\_

**Your contribution is 100% tax deductible.**

**THANK YOU**

Please make your check payable to: St. Paul Youth Services

Mail this form to:  
St. Paul Youth Services  
2100 Wilson Avenue  
St. Paul, MN 55119