



Mail-In Donation Form

Please print out this form and fill in the appropriate blanks. Mail the completed form to Nepal Youth Foundation at:

1016 Lincoln Blvd., Suite 222 | San Francisco, CA 94129

YOUR INFORMATION

Your Name (first & last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

By providing your email address, you will receive updates, impact stories, and other ways to get involved with NYF. You may unsubscribe at any time. If you would like to opt out of emails, please check this box.

OPT OUT

PAYMENT INFORMATION

One-time gift amount: \$ _____

I'm enclosing a check made payable to the Nepal Youth Foundation.

Please charge my credit/debit card.

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Visa MasterCard Discover

Or, make your gift monthly & join NYF's Circle of Compassion!

YES! Please bill my credit/debit card in the amount of \$_____ per month.

You may cancel or change this amount at any time. To learn more, please visit:

<https://nyf.news/circle-of-compassion>

TRIBUTE INFORMATION (OPTIONAL)

My gift is in honor of in memory of:

(tribute name)

Please send a gift announcement to:

Address: _____

City: _____ State: _____ Zip: _____

Thank you!

All donations are tax deductible to the extent allowed by law. NYF is a non-profit 501(c)(3) organization. EIN: 68-0224596.

