



DONATION FORM

Donor Information:

First Name: _____

Last Name: _____

Address: _____

City: _____ Phone: _____

State: _____ Zip Code: _____

Email Address: _____

Your support
has a direct
impact on
teens in our
community.

Thank you
for your
generosity.

Donation Information:

- I would like to make a **one-time donation** in the amount of \$_____.
- My check made payable to "The Bridge Teen Center" is enclosed.
- I prefer to make a donation by credit card (complete information below).

Credit Card Type (circle one): Visa Discover American Express MasterCard

Credit Card Number: _____

CVV Number (3-digit security code): _____ Expiration: _____

- I would like to make a monthly donation of \$_____** using the credit card above.
- I would like to make a monthly donation of \$_____** using my checking account.
(Please complete the ACH authorization on the back of this form for automatic monthly donations).

Additional Information:

- This is a tribute donation (circle one): In Honor Of In Memory Of

Name: _____

Please notify the following person that this donation has been made (amount remains confidential):

Name: _____

Address: _____

The Bridge Teen Center is a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent provided by law.

Please mail this form and payment information to:
The Bridge Teen Center - 15555 S. 71st Court – Orland Park, IL 60462

Donations can also be made online at www.thebridgeteencenter.org/get_involved/donate.



**AUTHORIZATION FOR AUTOMATIC MONTHLY DONATIONS
(FOR ACH DEBITS FROM YOUR CHECKING ACCOUNT ONLY)**

DONOR NAME(S) _____

MONTHLY DONATION AMOUNT \$ _____

PLEASE DEBIT MY ACCOUNT ON THE FOLLOWING DATE EACH MONTH: _____
(if you would like more than one debit per month, list two dates above)

I (we) hereby authorize The Bridge Teen Center to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA/ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authority is to remain in effect until The Bridge Teen Center and DEPOSITORY has received written notification from donor of its termination in such time and in such manner as to afford The Bridge Teen Center and DEPOSITORY a reasonable opportunity to act.

SIGNATURE _____

SIGNATURE _____

DATE _____

Please mail or email this completed and signed form to:

The Bridge Teen Center
15555 S. 71st Court – Orland Park, IL 60462
Phone: 708.532.0500
info@thebridgeteencenter.org