



Please mail this form and your payment
to: **You Can Live Outreach**
P.O. Box 344056
Homestead, Florida 33034

YOUR DONATION

(Please Type all information into the boxes below and click the Print Button at the top of the page)

Date: _____

I would like to make a donation of \$ _____ payable to You Can Live Outreach.

PAYMENT INSTRUCTIONS

I would like to pay via:

Check payable to You Can Live Outreach
Visa MasterCard
Discover American Express

Credit Card No.	Expiration Date	Security Code
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Signature

BILLING INFORMATION

Name: _____

Billing Address: _____

Billing City/State/Zip Code: _____

Home Phone: _____

Email: _____

(Receipt will be sent to the address above.)

We thank you for your support.
Your contribution is tax-deductible.