

Youth Leaders Retreat Campus Campaign

Thank you!

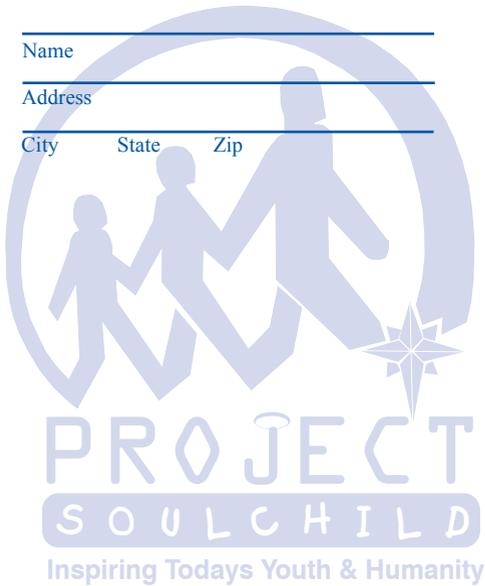
Your Membership & Support Make the Difference



Name

Address

City State Zip



Place
Stamp
Here



Project Soul Child Foundation

Youth Leaders Retreat Campus Campaign

2463 Hamilton Mill Pkwy

Suite 280-106

Dacula Ga. 30019

Here is my information for my receipt:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Email _____

Make this gift in honor of a Public School or Teacher you appreciate.

Please send notification of this gift to:

School Name _____

Teacher's Name _____

Address _____

City _____ State _____ Zip _____

Yes! I want to "*Inspire Today's Youth & Humanity*" with a gift of:

\$25 \$50 \$100 \$250 \$500 \$1000 \$2000 Other Amount _____

Enclosed is my Check/ Money order made payable to: ***Project Soul Child Foundation***

Please bill my: MasterCard Visa Discover American Express

Name on Card: _____

Card # _____ Exp. Date ____ / ____ CCV code _____

Signature required _____

Auto pay by Credit /Debit card: I authorize the Project Soul Child Foundation to Charge \$ _____ to my credit/debit card each month/Quarter using the card information provided above.

Auto pay by Bank: I authorize my bank to make monthly payments in the amount of \$ _____ from my checking account to the ***Project Soul Child Foundation***

Auto Pay by Credit/Debit/Bank

For the full amount of:
(1 Donation) \$ _____

For Monthly amounts of:
(12 Donations) \$ _____

www.projectsoulchild.org