



2014 CONTRIBUTION FORM

DONOR INFORMATION

Name: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

CONTRIBUTION INFORMATION

Please indicate your commitment below by checking the appropriate box below:

Check one:

Partner Package

Amount

Leadership Level

\$5,000

Sponsorship of 2 Students

\$3,200

Sponsorship of 1 Student

\$1,600

Contributor

\$ 500

Other (Please indicate amount)

PAYMENT INFORMATION

- 1) Please make your check payable to The Mayor's Youth Employment Program.
- 2) Please send your check and a copy of this form to:

**Thank you for your
support!**

Michelle Lappas
Program Coordinator
Youth Services Bureau
888 Washington Boulevard - 6th floor
Stamford, CT 06901