

YNOTT? Foundation “Youth Needing Organ & Tissue Transplants”

Donation Form

Yes! I want to make a contribution to help

Enclosed please find my contribution of:
\$500 \$250 \$100 \$50 \$20 Other \$_____

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

Regardless of the gift amount, be assured that your donation is used to save and change lives through our Foundation’s mission.

Mail this form and your check to:

YNOTT? Foundation
1799 W. 5th Ave PMB 116
Columbus Ohio 43212
www.ynottyou.org

