

## I want to provide "hope" for young men living in high-risk neighborhoods.

Name			
Company			
Address			
City	State	Zip	
Daytime phone	Email		
I am enclosing a check payable to the Urban Ra	anger Corps in the amount of	of _\$	
I wish to make a one year pledge of \$	Please invoice me  Monthly  Quarterly		
I wish to make a multi-year pledge of \$ ☐Monthly ☐Quarterly ☐Yearly		_years. Please in	voice me
Please charge my donation to my □Visa □	MasterCard □Discover	□American Ex	press
Name as it appears on card			
Billing Address			
City	State	Zip	
Credit Card #	Expiration Da	.te <u>:</u>	CCV#
I am making this gift □in memory of □in h	nonor of		
Please notify			
Will your employer match your donation? If y			
☐ I/we wish to remember Urban Ranger Cor	ps in my/our wills. Please	send information	so I/we may do so.

## YOUR DONATION DOES MAKE A DIFFERENCE. THANK YOU!

The Urban Ranger Corps is tax exempt under section (501)(c)(3) and a Public Charity under Section 509(a)(2) of the Internal Revenue Code.

## Please return this form to:

Urban Ranger Corps 5908 Swope Parkway Kansas City, MO 64130