

# DOES YOUR ORGANIZATION HAVE A MATCHING GIFT PROGRAM?

Yes     No

If yes, please specify a contact person

Name:

---

Telephone:

---

E-mail

---



304 Park Avenue South,  
Suite 1004  
New York, NY 10010

T: 212.590.2325  
F: 646.219.4607

**[WWW.YAGP.ORG](http://WWW.YAGP.ORG)**

[yagp.development@gmail.com](mailto:yagp.development@gmail.com)

*Youth America Grand Prix is a 501(c)(3) non-profit organization.  
All contributions are tax-deductible to the full extent applicable by law.*

Yes, I would like to support YAGP in its mission to provide unprecedented educational and professional opportunities to talented young dancers worldwide.

**I would like to contribute at the following level:**

\$500    \$1,000    \$2,500    \$5,000    \$10,000 +

**I will not be able to attend,  
but would like to support YAGP in the amount of: \_\_\_\_\_**

Name(s) as you would like it to appear in all YAGP acknowledgements:

---

---

Enclosed is my contribution of \$ \_\_\_\_\_

Please charge my credit card for the amount of \$ \_\_\_\_\_

Credit card # \_\_\_\_\_

Visa    MasterCard    American Express

Expiration date: \_\_\_\_\_

Name as it appears on the credit card:

---

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Billing address: \_\_\_\_\_

---

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

---