



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MORE THAN A NUMBER

2019 ANNUAL CAMPAIGN GIFT FORM

I wish to make a gift to the YMCAs of the Wabash Valley annual campaign. My preference for gift use is:

- Clay County YMCA Vigo County YMCA Putnam County child care

Name: _____

Address: _____

City: _____

Day phone: _____ Evening phone: _____

Email: _____

Pledge amount: I (we) pledge the amount of \$ (please check below)

_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ \$other

Matching gifts: My gift will be matched by _____
(company/foundation/family)

- Form enclosed Will forward form to the YMCA

Timeline for payments: Please begin billing me in _____ (month).

- Monthly Quarterly Semiannually

Notes _____

Payment Included

Payment method:

Draft donation with monthly membership draft

Check or electronic checking (*Make payable to YMCAs of the Wabash Valley*)

Credit Card (circle one): VISA MasterCard

Card number: _____ Exp. Date: _____

Signature: _____

Bank draft (*Requires voided check*)

My pledge will be paid in _____ payments in the amount of _____ each
on the _____ of the month.

Recognition: I wish this gift to be anonymous

Please use the following name(s) in all acknowledgments (print exactly as you prefer them listed):

Authorization: Donor signature: _____ Date: _____