



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEDGE COMMITMENT

Donor:

Name _____

Address _____

City _____

Home Phone _____ Work Phone _____

Email _____

Pledge Amount: I (we) pledge the amount of \$ _____ to the save the Y Campaign.

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

Form enclosed Will forward form to the YMCA

Timeline: Please begin billing me in _____ (month)

Monthly Quarterly Semi-annually

Notes _____

Payment Method: Check *Make payable to* _____

Credit Card (circle one): VISA MasterCard AMEX Discover

Card number _____ Exp Date _____

Signature: _____

Bank Draft (*Requires blank check deposit slip*)

My pledge will be paid in _____ payments in the
amount of \$ _____ each on the (circle one) 1st or 16th of the month

Payroll Deduction (*For YMCA employees only*)

My pledge will be paid in _____ installments (Maximum 26)
in the amount of _____ per pay period

Recognition: I wish this gift to be anonymous

Please use the following name(s) in all acknowledgements:

Authorization:

Donor Signature _____