



DECATUR COUNTY FAMILY YMCA ANNUAL CAMPAIGN 2016 PLEDGE COMMITMENT

Donor:

Campaigner:

Name _____

Address _____

City/State/Zip _____

Home Phone/Work Phone _____

Email _____

Annual Cmpgn Pledge Amnt: I (we) pledge the amount of \$ _____ to the Annual Campaign.

Sustaining Cmpgn. Pledge Amnt: I (we) pledge the amount of \$ _____ to the Sustaining Goal.

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: _____ CVV # _____

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 employee only*)
My pledge will be paid in _____ installments (Maximum 26) in the amount of
\$ _____ per pay period

Recognition:

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

I wish this gift to be anonymous

Authorization:

Donor Signature _____

Campaigner Signature _____

The YMCA Annual Campaign provides financial assistance based on household income for children and families to participate in YMCA membership and programs. 100% of your contribution is deductible for income tax purposes.

FOR CAMPAIGNER USE ONLY:

Donor:

Pledge History:

Notes: