



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHOOSE YOUR METHOD OF PAYMENT AND MAIL-IN

Checking/Saving Account Authorization

Name _____
Home Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Email _____

BANKING INFORMATION

Name of Bank _____
City _____ State _____ Zip _____
Bank Account Number _____
Bank Routing Number _____

Account Type:

- Checking (include a voided check)
 Savings (include a deposit slip)

I hereby authorize the YMCA to deduct \$ _____ on (choose below)
 20th of every month
 Annually (specify month: _____)

from the bank account indicated above. I understand that each transaction will appear on my regular statement. I further understand that is my responsibility to notify the YMCA if there are any changes to my bank account that will affect my donation. This authority remains in effect until I notify the YMCA in writing and the YMCA had reasonable amount of time to fulfill my request. The YMCA can terminate this agreement at any time. (Should any transfer not be honored for any reason, I realize I am responsible for any service fee my bank may charge.)

Signature _____ Date _____

Credit Card Authorization

Name _____
Home Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Email _____

CREDIT CARD INFORMATION

Please charge my:
 Visa Mastercard Discover American Express
3 digit security code _____
Card Number _____
Expiration date _____
Signature _____

I hereby authorize the YMCA to deduct \$ _____ on (choose below)
 1st of every month
 25th of every month
 1st of every quarter (Jan, Apr, Jul, Oct)
 Annually (specify month: _____)

from the credit card indicated above. I understand that each transaction will appear on my regular statement. I further understand that is my responsibility to notify the YMCA if there are any changes to my bank account that will affect my donation. This authority remains in effect until I notify the YMCA in writing and the YMCA had reasonable amount of time to fulfill my request. The YMCA can terminate this agreement at any time. (Should any transfer not be honored for any reason, I realize I am responsible for any service fee my bank may charge.)

Signature _____ Date _____

ONE TIME DONATION

Yes! I would like to pledge \$ _____

- _____ Youth Summer Camp
_____ Youth Sports
_____ Scholarship Memberships
_____ Girls on the Run
_____ Other (please specify)
_____ I'll leave it to the YMCA's discretion

Amount Enclosed: \$ _____
Remind me for (amount): \$ _____
Date _____
Name _____
Home Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Email _____
Signature _____ Date _____

Contribution Categories

- Caring \$5000+** 4 x 8 horizontal banner
w/ individual name or business logo
 Honesty \$3000+ 2 x 8 horizontal banner
w/Individual name or business logo
 Responsibility \$2000+ 2 x 8 horizontal banner w/Individual
name or business logo
 Respect \$1000+ 2 x 4 horizontal banner
w/Individual name or business logo
 Chairman's Round Table \$1,000+ banner in gym in exclusive
Chairman's Round Table group, special recognition in annual report
 Chairman's Golden Circle \$5,000+ banner in gym in exclusive
Chairman's Golden Circle group, special recognition in annual report

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE