



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 STRONG COMMUNITIES CAMPAIGN
YMCA OF MADISON COUNTY
CAMPAIGN GIFT / PLEDGE FORM

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Print Donor(s) Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____

Cell Phone: _____ E-mail: _____

Signature: _____ In Honor or Memory of _____

You may use my / our name in YMCA and Campaign publications (check one) () Yes () No

Donation

() A ONE-TIME DONATION, IN THE AMOUNT OF:

() \$5,000 () \$2,500 () \$1,000 () \$500 () \$100 () \$50 () Other: \$ _____

Donation to be paid on: _____

() A MONTHLY DONATION, IN AMOUNT OF: \$ _____ FOR HOW MANY MONTHS: _____ FIRST MONTH BEGINNING: _____

BRANCH DESIGNATION

() Anderson () Elwood () Pendleton

PROGRAM DESIGNATION (not required)

() Summer Camp () Early Learning () Youth Sports () Wellness Programming () Learning Achievement Gap
() Other

MATCHING CONTRIBUTIONS

Does your employer match donations? () Yes () No

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

() Check enclosed, checks payable to the "YMCA of Madison County SCC"

() Please bill my credit card: VISA MasterCard American Express Discover

Name on Card: _____

Account Number: _____ Expiration Date: _____

Signature: _____

() Securities or Stocks:

Please call 765.644.7796 and ask for Financial Department. Contribution pledge form should be mailed or faxed to:
YMCA Financial Office, 28 W 12th Street, Anderson, IN 46016 OR Fax 765.644.4359

YMCA Solicitor's Name: _____ Date: _____

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