



# YMCA OF GREATER CINCINNATI Annual Campaign · Community Pledge Form

## MY INFORMATION

Account Number: \_\_\_\_\_

This gift is on behalf of an organization

\_\_\_\_\_  
ORGANIZATION OR COMPANY NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DONOR RECOGNITION NAME (i.e. John Smith, Mr. & Mrs. Smith, Dr., ABC Corp. etc.)

I prefer to remain anonymous in publications

## MY GIFT

Previous Gift to the Y: \_\_\_\_\_

I would like to make a one-time gift of \$ \_\_\_\_\_ in \_\_\_\_\_  
month/year

I would like to make a monthly gift of \$ \_\_\_\_\_ beginning \_\_\_\_\_ & ending \_\_\_\_\_  
(month) (month)

I would like to make a quarterly gift of \$ \_\_\_\_\_ x four (4) months

**Total Gift Amount \$** \_\_\_\_\_

## PAYMENT OPTIONS

- Pay Now
  - Cash enclosed
  - Check payable to the YMCA of Greater Cincinnati enclosed
  - Charge Credit Card on file ending \_\_\_\_\_
  - Call me for new Credit Card

Pay Online Scan this QR code or visit [www.myy.org/give](http://www.myy.org/give)

Mail me an Invoice (available for pledges \$10.00 and greater)

Payment will be coming from a third-party \_\_\_\_\_



## DONOR PREFERENCES

- Please designate my gift to the following YMCA Branch or Program: \_\_\_\_\_
- I would like to speak with someone at the Y about planned giving and/or the YMCA Endowment Fund.
- My employer matches gifts

## AUTHORIZATION (REQUIRED)

\_\_\_\_\_  
DONOR SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

FOR OFFICE USE

\_\_\_\_\_  
Entered by

\_\_\_\_\_  
Campaigner / Branch

\_\_\_\_\_  
Enter date