



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) 2024

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