



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**VALLEY OF THE SUN YMCA
ANNUAL COMMUNITY SUPPORT CAMPAIGN
MEMBER DONATION FORM**

Yes! I'll proudly support the YMCA's Annual Community Support Campaign to help ensure that everyone in our community is given the opportunity to learn, grow and thrive at our Y.

Branch My Gift Will Go To:

Member Name (First & Last):

Home Address (Street, Zip, City):

Work Phone:

Cell Phone:

E-mail Address:

Gift Information:

Type of Gift: ☐ Personal ☐ Business ☐ Anonymous

If a Business Pledge, please list the name of your company: _____

Amount of Gift: \$ _____

Many employers in Arizona will match your donation to the YMCA.

The company I work for or am retired from is: _____

This pledge will be paid: ☐ Monthly ☐ Semi-Annually ☐ Annually

The starting month you want to be billed, your credit card charged, or auto-deduction to begin: _____

Payment Method:

Check # (If a One-Time Gift): _____

Please Use My Membership Bank Draft Information: ☐ YES ☐ NO

Monthly Billing Date: ☐ 5th ☐ 18th

If using a Different Credit Card Than Your Bank Draft:

Credit Card Type: ☐ Amex ☐ Master Card ☐ Visa ☐ Discover

Credit Card #: _____

Expiration Date: _____ 3 Digit Sec. Code: _____



Member Signature: _____

Date: _____

Questions about this form? Contact Beth Haugen at 602-212-5114 or bhaugen@vosymca.org

YMCA Branch Business Manager Use Only:

TOTAL Gift Amount: \$ _____ FTID #: _____

Payment Enclosed: \$ _____ Date Sent to FD: _____

Campaigner: _____ Business Mgr. Initials: _____

Metro Financial Dev. Use Only:

Pledge #: _____

Date entered in CCC: _____

FD Staff Initial: _____