

YES, I WANT TO HELP!

Name(s) to be Recognized

Mailing Address

City / Zip

Phone

Email

I pledge my gift to the following YMCA branches:

- Downtown Family YMCA
- North River Family YMCA
- Hamilton Family YMCA
- Cleveland Family YMCA
- YCAP
- North Georgia Community YMCA
- J.A. Henry Community YMCA
- YMCA Camp Ocoee
- Metro

I would like to give:

- One-time gift of \$ _____
- Monthly gift of \$ _____
Start month _____ End month _____
- Quarterly gift of \$ _____
Start month _____ End month _____

My company will match my gift:

- My gift is: Anonymous
 Acknowledged as:
- _____

Donor Signature

Who asked you to give today? _____

If your gift amounts to \$250 or more, we recommend that you retain this page for your tax records. The YMCA, a recognized 501(c)3 organization, acknowledges no goods or services were provided in consideration of this gift, which is fully tax-deductible.