

YMCA OF METROPOLITAN CHATTANOOGA

YES, I WANT TO HELP!



Name(s) to be Recognized

Mailing Address

City/State/Zip

Phone

Email

I PLEDGE MY GIFT TO:

- ☐ Cleveland Family YMCA
- ☐ Downtown Family YMCA
- ☐ Hamilton Family YMCA
- ☐ North River Family YMCA
- ☐ J.A. Henry Community YMCA
- ☐ North Georgia Community YMCA
- ☐ YMCA Camp Ocoee
- ☐ YMCA Preschool
- ☐ Y-CAP
- ☐ Metro



Preferred program, if any:



I WANT TO GIVE:

☐ One-time gift of \$ _____

☐ Monthly gift of \$ _____

Start Month _____ End Month _____

☐ Quarterly gift of \$ _____

Start Month _____ End Month _____



DONOR NAME:

YMCA 1871

DONOR SIGNATURE:

Our Mission: to put Christian principles into practice through programs that build healthy spirit, mind and body for all.



BOARDING

MY COMPANY WILL MATCH MY GIFT:

☐ Yes

☐ No

.....
Company Name (if Yes)

MY GIFT IS:

☐ Anonymous

☐ Acknowledged as:

CREDIT CARD INFORMATION:

.....
Name on card

.....
Card Number

.....
Exp. Date

.....
CVV

.....
Zip



PLEDGE OR DONATE
DIRECTLY



.....
.....
.....
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.