



YMCA OF METROPOLITAN CHATTANOOGA

I WANT TO GIVE!

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:

DONOR SIGNATURE:

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

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

IN OUR OWN BACKYARD



The YMCA of Metropolitan Chattanooga
2027 COMMUNITY SUPPORT CAMPAIGN



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