

AN OPEN INVITATION

I/We want to make a gift to the Lowell Area YMCA Capital Campaign that demonstrates our commitment to strengthening the lives of children and families at the Y for years to come.

GIFT PAYMENT PLAN

I/We pledge a Gift Total of: \$ _____

One Time Payment Quarterly Annually Other _____

SCHEDULING

Please spread my donation over 1 2 3 4 5 year(s)

2020	2021	2022	2023	2024
\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %

DONOR INFORMATION

Name _____

How would you like to be recognized? _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

METHOD OF GIVING

- Please Bill Me
- Credit Card: please make your safe, convenient gift online at grymca.org/give
- Check Enclosed Payable to the YMCA of Greater Grand Rapids
- My Employer will match a portion or all of my gift. Employer _____

My Signature _____

Printed Name _____

Date _____

Thank you for your gift.

Please return this form to:

YMCA OF GREATER GRAND RAPIDS
Lowell Area YMCA Capital Campaign
475 Lake Michigan Drive NW Grand Rapids, MI 49504
616.855.9547 . hleggett@grymca.org

grymca.org/lowell