



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOU MAKE MORE POSSIBLE

## PLEDGE FORM

**Yes! I will participate in the Campaign because I believe in the Y's mission!**

Branch \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

How would you like to be recognized? example: The Smith Family or Joe Smith \_\_\_\_\_

## GIFT INFORMATION

Campaign Pledge: \$ \_\_\_\_\_

Designate my contribution to:  Greatest Need  Other: \_\_\_\_\_

## ONE-TIME DONATION

- Payment Information on File
- Credit Card please make your safe & convenient gift online at [grymca.org/give](http://grymca.org/give)
- Cash / Check enclosed payable to YMCA of Greater Grand Rapids
- Bill Me Beginning in \_\_\_\_\_ (month)
- Set Up A Recurring Gift (we will contact you)
  - Monthly at \$\_\_\_\_\_ per month
  - Quarterly at \$\_\_\_\_\_ per quarter

My Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN THIS FORM TO TAYLOR CHRISMAN

EMAIL: [tchrisman@grymca.org](mailto:tchrisman@grymca.org) PHONE: 616.855.9684

MAIL: YMCA of Greater Grand Rapids, Attn: Taylor Chrisman

### FOR OFFICE USE ONLY

Campaigner \_\_\_\_\_ DonorID# \_\_\_\_\_

GENERAL SORT BRANCH CAMPAIGN YEAR SECTION SOURCE