AN OPEN INVITATION

GIFT PAYMENT PLAN

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.

I/We pledge a Gift Total of: \$	
One Time Payment Quarterly Annually	Other
SCHEDULING Please spread my donation over 1 2 3 2023 2024 2025 \$ \$ \$ \$ \$ \$ \$ \$ \$ or % or % or % or % or	4 5 year(s) 2026 2027 \$ or %
DONOR INFORMATION	,
Name	
How would you like to be recognized?	
Company Name	
Address	
CitySta	te 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	

Donors giving \$1,250 and over will be recognized on the donor wall.

PLEASE RETURN THIS FORM TO: YMCA OF GREATER GRAND RAPIDS Litehouse Family YMCA Capital Campaign 475 Lake Michigan Drive NW Grand Rapids, MI 49504 616.855.9622 · grymca.org/give