



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
- 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 BETH WHALEN

EMAIL: bwhalen@grymca.org PHONE: 214.535.7104

MAIL: YMCA of Greater Grand Rapids, Attn: Beth Whalen

FOR OFFICE USE ONLY

Campaigner _____ DonorID# _____

GENERAL SORT BRANCH CAMPAIGN YEAR SECTION SOURCE