



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA ANNUAL SUPPORT CAMPAIGN 2015 PLEDGE COMMITMENT

*The Annual Support Campaign provides financial assistance based on household income for children and families to participate in YMCA membership and programs. No one is turned away due to inability to pay. The Y is the nation's leading nonprofit committed to youth development, healthy living and social responsibility. 100% of your contribution is deductible for income tax purposes.*

### Donor:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Pledge Amount:** I (we) pledge the amount of \$ \_\_\_\_\_ to the YMCA Annual Support Campaign.

**Matching Gifts:** ☐ My gift will be matched by \_\_\_\_\_  
(company/foundation/family)

☐ Form enclosed ☐ Will forward form to the YMCA

**Timeline:** Please begin billing me in \_\_\_\_\_ (month)

☐ Monthly ☐ Quarterly ☐ Semi-annually

☐ Notes \_\_\_\_\_

**Payment Method:** ☐ Check *Make payable to Rochester Area Family Y*

☐ Credit Card (circle one): VISA MasterCard AMEX Discover

Card number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_

☐ Add to my Membership or Bank Draft *(Requires check or credit card number on file)*

My pledge will be paid in \_\_\_\_\_ payments in the  
amount of \$ \_\_\_\_\_ each on the (circle one) 1<sup>st</sup> or 16<sup>th</sup> of the month

☐ Payroll Deduction *(For YMCA employees only)*

My pledge will be paid in installments (Maximum 10)

in the amount of \_\_\_\_\_ per pay period

☐ Cash

**Recognition:** ☐ I wish this gift to be anonymous

☐ Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

### Authorization:

Donor Signature \_\_\_\_\_

Campaigner Signature \_\_\_\_\_

**Please return to:**  
**Rochester Area Family YMCA**  
**Development Office**  
**709 1<sup>st</sup> Avenue SW**  
**Rochester, MN 55902**

**Y Staff Only:** Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_