

# IMAGINE YOUR IMPACT



## Summerville Family YMCA 2024 Annual Campaign Board Pledge Form

### SUMMERVILLE FAMILY YMCA ANNUAL GIVING CAMPAIGN 2024 PLEDGE

I wish to make a gift to the YMCA annual campaign to help the Y continue to provide programs and services to those in the community who need them most.

\$500     \$1,200     \$2,500     \$5,000     Other \_\_\_\_\_

#### DONOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone (if different) \_\_\_\_\_

Email: \_\_\_\_\_

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

Matching gifts: My gift will be matched by : \_\_\_\_\_

Form enclosed

Will forward form to the YMCA

#### Timeline for payments:

Monthly                      Quarterly                      Semiannually

Please begin billing me (month/day): \_\_\_\_\_

Additional Notes: \_\_\_\_\_

#### If making monthly payments:

My pledge will be paid in \_\_\_\_\_ payments in the amount of \_\_\_\_\_ each on the \_\_\_\_\_ of each month

Payment method: Online (payments can be made at <https://summervilleyymca.org/give>)

Check or electronic checking (make payable to SFYMCA)

Recognition: I wish this gift to be anonymous

Please use the following name(s) in all acknowledgements (Print exactly as you prefer them listed):

\_\_\_\_\_

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Summerville Family YMCA is a non-profit organization (57-0643100) and contributions are tax-deductible as determined by IRS guidelines and regulations. Please consult your tax advisor with any tax-related inquiries.*