



ANNUAL CAMPAIGN PLEDGE FORM

YMCA OF PUEBLO

TOGETHER WE FIND OUR Y

1 DONOR INFORMATION

DONOR NAME _____ PREFERRED NAME _____

RECOGNITION NAME (PLEASE PRINT NAMES YOU, YOUR COMPANY, ORGANIZATIONS, OR FAMILY WISH TO BE RECOGNIZED FOR YOUR GIFT)

STREET ADDRESS, CITY, STATE, ZIP PREFERRED MAILING ADDRESS: HOME BUSINESS

EMAIL ADDRESS _____ PHONE _____

\$50 teaches a child to swim and promotes water safety.

\$100 supports a season of youth sports for two children.

\$150 provides an opportunity for a child to attend a week of summer day camp.

\$250 provides a safe setting for a child to attend a month of afterschool care.

\$500 helps a middle schooler attend Camp Jackson.

\$1000 provides an active lifestyle for a senior couple with an annual membership.

\$2500 provides five families an annual membership so they can spend quality time together.

2 PLEDGE INFORMATION

\$50 \$100 \$250 \$500 \$1,000 OTHER _____

I would like to make an ongoing* monthly gift of \$ _____

Payment Options

Cash (Full amount enclosed)

Check (Make Payable to YMCA of Pueblo)

Charge my Credit Card on File

New Credit Card **

NAME AS IT APPEARS ON CARD _____ EXPIRATION DATE _____

CARD NUMBER _____ SECURITY CODE _____

Please bill me: Monthly Quarterly Annually (Month _____)

My employer and/or my spouse's employer has a matching gift program:

Company Name(s) - Please contact your HR Department to initiate the matching gift.

Planned Giving

The YMCA is in my estate plan.

I would like to talk to someone about giving to the YMCA through my estate.

PLEASE RETURN TO:

YMCA OF PUEBLO
3200 E. SPAULDING AVE
PUEBLO, CO. 81008
BSAMORA@PUEBLOYMCA.ORG

OR GIVE ONLINE AT:

WWW.PUEBLOYMCA.ORG/GIVE



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Donor Signature _____ Date of Pledge _____

I would like this pledge to recur annually for _____ years.

Your tax-deductible gift will be acknowledged as an unrestricted donation. The YMCA of Pueblo uses unrestricted gifts where they can do the most good, and we are committed to connecting our community's most critical needs with donors like you who can make a difference.

* By checking the "Make an ongoing gift." box, I hereby authorize the YMCA to initiate monthly debits from the credit card information provided above. The authority is to remain in effect until the YMCA has received 15 days written notification from me of the termination.

** Please note all credit card information will be securely stored within our encrypted data base. This form will be stored in a secure location and shredded as soon as the information has been entered into our system and allowed by law.

STAFF USE ONLY:

Campaigner: _____

Designation: _____

Notes: