



## Count me as a Y Partner!

I hereby express my desire to participate in the work of the YMCA through the Y Partners current support campaign.

I wish to make a contribution in the amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please indicate payment schedule on the reverse side of this card.)

Print name as you would like the gift to be acknowledged:

\_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_



Pledge \$ \_\_\_\_\_

Paid \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Credit Card:    VISA    MasterCard    Discover    Am. Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please bill me: (For gifts \$25 and above)

One Time (Choose month: \_\_\_\_\_)

Semi-Annually

Quarterly

Monthly

[www.ymcatwincities.org](http://www.ymcatwincities.org)

*The YMCA is a not for profit 501 (c) (3) organization. Your gift is fully tax deductible as allowable by law.*

For gifts of \$100 and over you may also choose:

Automatic Withdrawal (Bank Debit)

Please have \$ \_\_\_\_\_ automatically deducted from my checking or savings account each month.

Begin month of \_\_\_\_\_

*(You will need to attach a voided check or savings deposit slip with bank debit forms)*

Signature \_\_\_\_\_

Date \_\_\_\_\_ Day Phone \_\_\_\_\_

Does your company have a matching gift program?  Yes  No

Company Name \_\_\_\_\_