



**ALTRU FAMILY YMCA
Partner of Youth Campaign**

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PLEDGE COMMITMENT

Donor Information

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email _____

Pledge Amount I (we) pledge the amount of \$ _____ to the Y Partner of Youth 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) **OR** Check Enclosed
 Monthly Quarterly Semi-annually
 Notes _____

Payment Method **Check** *Make payable to YMCA*
 Credit Card (circle one): VISA MasterCard Discover
Card number _____ Exp Date _____
Signature: _____

Bank Draft *(Requires blank check deposit slip)*
My pledge will be paid in _____ payments in the amount of \$ _____ each
on the (circle one) 1st or 16th of the month

Payroll Deduction *(For YMCA employees only)*
My pledge will be paid in _____ installments (Maximum 26)
in the amount of \$ _____ per pay period

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

I wish this gift to be anonymous

Authorization Donor Signature _____ Date _____

**100% of your donation is tax deductible. The YMCA is classified
as a not-for-profit charitable organization under the provisions
of section 501 c 3 of the Internal Revenue Code.**

Thank you!

Altru Family YMCA
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