



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Campaign Donation Form

DONATE FOR A BETTER US.

FAMILY YMCA OF GREATER AUGUSTA ANNUAL CAMPAIGN

☐ **Personal Gift**

☐ **Company Gift**

Name:

Date:

Address:

City:

State:

Zip:

Contact Phone:

DOB:

Email:

If company gift, include company contact:

If employer matches gift, include company name:

If different from above, gift to be recognized with the following name(s):

Campaigner Name:

☐ Check here if you DO NOT
wish to be recognized for
your donation.

Please designate the branch(es) you wish to support

☐ Aiken County Family Y (%)

☐ Steiner Branch Family Y (%)

☐ Augusta South Family Y (%)

☐ Thomson Family Y (%)

☐ Barnwell County Family Y (%)

☐ Wilson Family Y (%)

☐ Burke County Family Y (%)

☐ Family Y Camp Lakeside (%)

☐ North Augusta Family Y (%)

☐ Family Y Team Headquarters (%)

☐ North Jefferson Family Y (%)

☐ Family Y Youth Development (%)

FLIP TO CONTINUE



THANK YOU FOR YOUR SUPPORT!

FAMILY YMCA OF GREATER AUGUSTA ANNUAL CAMPAIGN

I pledge the following gift...

\$10,000 and above Sullivan Society

write amount here

\$

\$5,000 - \$9,999 President's Club

write amount here

\$

\$1,000 - \$4,999 Chairman's Round Table

write amount here

\$

\$500 - \$999 Platinum Level

write amount here

\$

\$250 - \$499 Gold Level

write amount here

\$

\$100 - \$249 Silver Level

write amount here

\$

\$1 - \$99 Bronze Level

write amount here

\$

SIGNATURE:

Method of Payment (please check one)

☐ Payment Enclosed: \$ _____ ☐ Cash ☐ Check# _____

☐ Please invoice me in the month of: _____

☐ Automatic Monthly Draft: (Please attach a voided check)

Please draft \$ _____ on _____ starting in
(amount) (date)
_____ and ending in _____
(month) (month)

☐ Membership Draft Account Charge: Pledge amount will be drafted from membership account.

Please draft \$ _____ on _____ starting in
(amount) (date)
_____ and ending in _____
(month) (month)

☐ Credit Card

☐ Visa

☐ Master Card

☐ American Express

☐ Discover

One Time Payment \$ _____

Please charge \$ _____ on _____ starting in
(amount) (date)
_____ and ending in _____
(month) (month)

Credit Card #:

Exp. Date:

CVV:

SIGNATURE:

☐ In-Kind Donation: _____

GL#: _____ (Please attach in-kind donation form.)

Please make checks payable to:

FAMILY YMCA OF GREATER AUGUSTA

Send to: Development Department

Family YMCA of Greater Augusta Team Headquarters

1058 Claussen Road, Suite 100, Augusta, GA 30907

Annual Campaign Pledge Receipt

(please keep for your records)

Total Campaign Pledge Amount \$ _____

Payment Collected Today \$ _____
(Complete only if a payment was collected today)

☐ Bank Draft

☐ Membership draft

☐ Cash

☐ Check # _____

☐ Credit Card

☐ In-Kind gift

Campaigner Name

Date

Contributions are deductible for income tax purposes in the manner and to the extent provided by law. Family YMCA Tax ID #580566254