the YMCA

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:

Campaigner Name:

Please designate the branch(es) you wish to support

- ☐ Aiken County Family Y (%)
- ☐ Augusta South Community (%)
- ☐ Barnwell County Family Y (%)
- ☐ Burke County Family Y (%)
- ☐ North Augusta Family Y (%)
- ☐ North Jefferson Family Y (%)
- ☐ Steiner Branch Family Y (%)
- ☐ Thomson Family Y (%)
- ☐ Wilson Family Y (%)
- ☐ YMCA Camp Lakeside (%)
- ☐ YMCA Team Headquarters (%)
- ☐ YMCA Youth Development (%)

FLIP TO CONTINUE →

THANK YOU FOR YOUR SUPPORT!

SCAN THE QR CODE TO GIVE ONLINE

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

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

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

☐ Credit Card

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

One Time Payment $_____

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

Credit Card #: Exp. Date: CVV:

_____ _____ _____

SIGNATURE: _____

☐ In-Kind Donation: _____

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

☐ Check here to make this a reoccurring donation until you choose to cancel (30-day notice required).

Recognition

Please indicate if your would like a donor recognition plaque.

☐ Yes, I would like a plaque. ☐ No, I DO NOT need a plaque.

If different from the name previously listed, how should your gift be recognized?

☐ Check here to be recognized as Anonymous.

Please make checks payable to:

FAMILY YMCA OF GREATER AUGUSTA

MAIL TO: Development Department, Family YMCA of Greater Augusta
1058 Claussen Road, Suite 100, Augusta, GA 30907

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