



SHIAWASSEE FAMILY YMCA

"BUILDING HEALTHY FUTURES" CAMPAIGN - PLEDGE FORM

Name: _____

Company (if applicable) _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

How would you like your name to appear for recognition purposes?

CAPITAL CAMPAIGN GIFT: To share in the vision as set forth by the YMCA, and in consideration of the gifts of others, I/We subscribe and promise to contribute an unrestricted gift as follows:

Payment to be made as follows:

- Entire amount now
- In payments of \$ _____
 - Annually Semi-annually Quarterly Monthly

For _____ years. First Payment Date: _____

Total Capital Campaign Gift
\$ _____
Payment
\$ _____
Balance Pledged
\$ _____

ANNUAL CAMPAIGN GIFT: Recognizing the importance of the YMCA's Annual Campaign to continue the impact on the community, I/We pledge the following:

\$ _____

Please indicate the year(s) of your commitment:

- 2024 2025 2026

- In payments of \$ _____
 - Annually Semi-annually Quarterly Monthly

Monthly First Payment Date: _____

The YMCA will contact you for preferred payment methods (credit card, bank draft, etc.).

Signed: _____ Date _____

Note: _____