ATHENS YMCA

Pledge Form

Name: _____ **Business:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: (H) _____ **(W)** _____
Cell Phone: _____**Email:** _____
Are you a YMCA member: YES NO

I wish to support the Annual Giving Campaign, I pledge the total sum of: $ _____

Gift is: **ENCLOSED**
BILL ME **_____ once _____ monthly _____ quarterly**
DEDUCT **_____ monthly from my bank account** (attach voided check)

Charge to: **VISA / MASTERCARD / DISCOVER / AMEX**

Signature: _____ **Date:** _____

Name as it appears on card (*Please Print***):** _____

Card Number: _____ **Exp. Date:** _____

My employer matches gifts YES / NO – Company Name: _____

I would like my contribution to benefit: **Athens YMCA** **Athens Y Camps**

Record my gift in the following name(s) (*Please Print***):** _____

Please make check payable to *Athens YMCA*.

Mail form to: Athens YMCA 915 Hawthorne Ave. Athens, GA 30606

Fax to: (706)543-9313