

TITUSVILLE YMCA CAPITAL EXPANSION DONOR PLEDGE FORM



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Donor Information

Individual Foundation Business / Corporation

Name(s): _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Secondary Phone: _____

E-mail: _____

For recognition purposes please record my/our names as follows:

I/we wish to remain anonymous

Capital Campaign Monetary Pledge Information

I/we would like to pledge a total gift of \$ _____ and payment is enclosed

I/we would like to pledge a total gift of \$ _____ with an initial gift of \$ _____

Please bill the full remaining amount on _____ (date).

Please bill the remaining amount equally starting on _____ (date) and **quarterly** thereafter for 12 24 36 months (indicate one) until the pledge is fulfilled.

Please bill the remaining amount equally starting on _____ (date) and **annually** there after for 1 2 3 (indicate one) years until pledge is fulfilled.

Please draft \$ _____ from my bank account monthly starting ____/____/____ and ending on ____/____/____

I/we are interested in naming right opportunities in the following area(s) through my/our pledge:

Payment Method

Payment Enclosed (Please make checks payable to: **The Titusville YMCA**)

Please bill me/us

Please draft monthly from my account (See member service staff for donation bank draft form.)

Credit Card: Check one: Visa MasterCard AMEX Discover

Card Number: _____ Expiration Date: _____

Name on card: _____

Authorized Signature(s) _____ Date: _____

By my/our signature(s) below, I/we represent that the information contained herein is true and I/we are committed to supporting the cause-driven mission of the Titusville YMCA through my/our payment/pledge as indicated on this form.

Signature(s)

Date

Please send completed form to: Titusville YMCA, C/O Capital Expansion, 505 West Walnut Street, Titusville, PA

A COPY OF THIS FORM WILL BE ENCLOSED WITH YOUR ACKNOWLEDGMENT LETTER