

DONOR FORM

2019 ANNUAL CAMPAIGN

YMCA OF GREATER LOUISVILLE



STEP 1: DONOR INFORMATION

Mr. Mrs. Ms. Other _____ Individual Organization/Corporation Board Member

Donor First Name _____ MI _____ Donor Last Name _____ Date of Birth _____

Organization/Corporation (if applicable) _____ Contact Person _____

Mailing Address _____ City, State, Zip _____

Donor or Contact E-Mail Address _____ Donor or Contact Phone Number _____

Branch _____ Campaigner Name _____

STEP 2: PAYMENT OPTIONS

2019 Gift/Pledge Total:

Pay Now Cash Check payable to YMCA of Greater Louisville
 Please Bill Me One Time in _____/2019 Quarterly (Mar,Jun,Sept,Dec) \$_____/x4 \$_____/Monthly
 Credit Card Please provide E-Mail to receive a secure payment link: _____

STEP 3: GIFT INFORMATION

Gift Designation: Area of Greatest Need Other/Special Instruction: _____

➡ **DONOR SIGNATURE:** _____ **DATE:** _____

Recognition Name : _____ Do not publish my name

Matching gift will come from donor's or spouse's employer below:

Company Providing Match Company Contact Person Company Phone Number

CAMPAIGNER USE ONLY:

Solicitation Method (choose one) Face-to-face Phone Call E-mail Other _____
Ask Amount \$ _____ Case For Support Presented: _____

OFFICE USE ONLY:

Add constituent only. Gift received at branch.

Reviewed By _____ Scan Date _____