

YMCA OF GREATER LOUISVILLE 2021 ANNUAL CAMPAIGN



MY INFORMATION

I am making this gift on behalf of an organization

ORGANIZATION OR COMPANY NAME

FIRST NAME

LAST NAME

STREET ADDRESS

CITY, STATE, ZIP

EMAIL

PHONE

D.O.B

CAMPAIGNER NAME

MY GIFT

I would like to make a one-time gift of \$ _____ in _____ 2020/2021
(month)

I would like to make a monthly gift of \$ _____ beginning _____ & ending _____
(month) (month)

I would like to make a quarterly gift of \$ _____ x four (4) months

TOTAL CONTRIBUTION \$

PAYMENT OPTIONS

Invoice me based on preference above.

Pay Now Cash enclosed Check payable to the YMCA of Greater Louisville enclosed

To pay with a **credit card**, or **EFT bank account** please visit www.ymcalouisville.org

Please call me to obtain payment info.

SCAN HERE TO GIVE ONLINE!



AUTHORIZATION



DONOR SIGNATURE (REQUIRED)

DATE

DONOR PREFERENCES

Please use my gift where it is needed most.

Please designate my gift to the following YMCA Program: _____

My employer matches gifts.

I would like to speak with someone at the Y about planned giving and/or the YMCA Endowment Fund.

DONOR RECOGNITION NAME:

(i.e. John Smith, Mr. & Mrs. Smith, Dr., ABC Corp. etc) I prefer to remain anonymous in publications.

Add constituent only.
Gift received at branch.

Reviewed by _____

Scan date _____