

DONOR'S SIGNATURE _

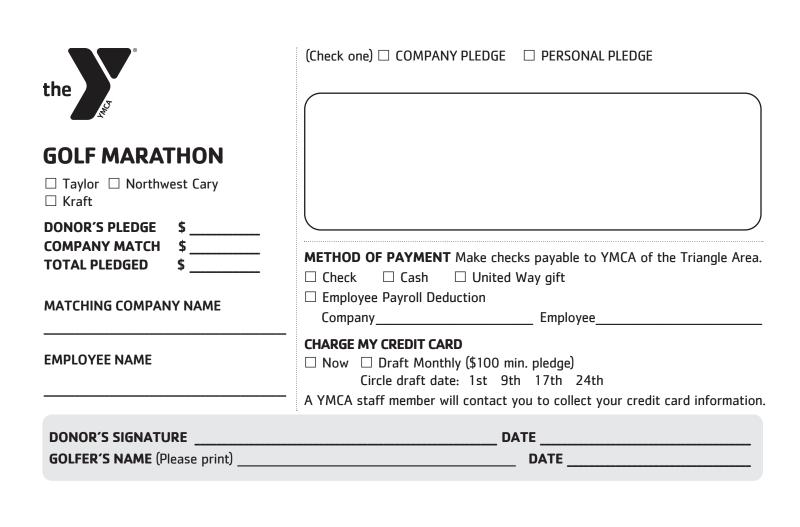
GOLFER'S NAME (Please print) ___

N. S. W. S.	5
*	Spouse name/Company contact
COLEMADATHON	Street address/PO Box
GOLF MARATHON	City/State/ZIP
☐ Taylor☐ Northwest Cary☐ Kraft	Primary phone: Home Work Cell Email
DONOR'S PLEDGE \$	
COMPANY MATCH \$	
TOTAL PLEDGED \$	METHOD OF PAYMENT Make checks payable to YMCA of the Triangle Area.
	☐ Check ☐ Cash ☐ United Way gift
MATCHING COMPANY NAME	☐ Employee Payroll Deduction Company Employee
	CHARGE MY CREDIT CARD
EMPLOYEE NAME	☐ Now ☐ Draft Monthly (\$100 min. pledge)
	Circle draft date: 1st 9th 17th 24th
	A YMCA staff member will contact you to collect your credit card information
DONOR'S SIGNATURE	DATE
	DATE
the	(Check one) □ COMPANY PLEDGE □ PERSONAL PLEDGE Donor name/Company name Spouse name/Company contact
	Street address/PO Box
COLEMADATHON	
UILI E MARAI ELIN	City/State/7IP
GOLF MARATHON	City/State/ZIP
☐ Taylor ☐ Northwest Cary ☐ Kraft	City/State/ZIP
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☐ Taylor ☐ Northwest Cary ☐ Kraft DONOR'S PLEDGE \$ COMPANY MATCH \$ TOTAL PLEDGED \$	City/State/ZIP
☐ Taylor ☐ Northwest Cary ☐ Kraft DONOR'S PLEDGE \$ COMPANY MATCH \$	City/State/ZIP Primary phone: o Home o Work o Cell Email METHOD OF PAYMENT Make checks payable to YMCA of the Triangle Area. Check Cash United Way gift Employee Payroll Deduction
☐ Taylor ☐ Northwest Cary ☐ Kraft DONOR'S PLEDGE \$ COMPANY MATCH \$ TOTAL PLEDGED \$	City/State/ZIP
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☐ Taylor ☐ Northwest Cary ☐ Kraft DONOR'S PLEDGE \$ COMPANY MATCH \$ TOTAL PLEDGED \$ MATCHING COMPANY NAME	City/State/ZIP

DATE

DATE _

(Check one) \square COMPANY PLEDGE \square PERSONAL PLEDGE



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