

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

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