

ID# _____

COMPANY PLEDGE Company Name: _____

PERSONAL PLEDGE Donor Name: _____

Company Contact OR Spouse Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ H W C

Email: _____ Date of Birth: _____

Amount: **Branch/Camp:**
\$ _____ to _____

\$ _____ to _____

Will any of your pledge be paid through **Company Match, Employee Payroll Deductions or United Way?**

If so, please provide the information below:

Company Match Employee Payroll Deductions United Way

Company: _____ Employee Name: _____

DONOR SIGNATURE _____ **DATE** _____

CAMPAIGNER NAME (Please print) _____



ANNUAL CAMPAIGN

YMCA OF THE TRIANGLE

\$ _____ + \$ _____ = \$ _____

Donor's Pledge **Company Match, Employee Payroll Deductions or United Way** **TOTAL PLEDGE**
(Complete gray box to the left.)

PLEASE CHOOSE A PAYMENT OPTION:

PAY NOW

Check # _____ Cash

Please make checks payable to YMCA of the Triangle Area.

INVOICE ME (\$50 minimum pledge for invoicing.)

Now Once next year 4 Installments

CHARGE MY CREDIT CARD

Now Draft Monthly (\$100 min. pledge)

Select draft date: 1st 9th 17th 24th

Use my card on file ending in (last 4) _____

Please have a YMCA staff member call for my credit card. Daytime Phone: _____

BECOME A Y SUSTAINER

Make a monthly recurring gift at

YMCATriangle.org/sustainer