



REGIONAL YMCA OF WESTERN CONNECTICUT

2023 PLEDGE FORM

2 Huckleberry Hill Road, Brookfield, CT 06804 | 203.775.4444 | regionalyymca.org

STEP 1: YOUR INFORMATION

Mr./Mrs./Ms.	First Name	M.I.	Last Name	
Home Address		City	State	Zip Code
Employer	Phone Number	Email Address		

STEP 2: YOUR GIFT

This gift is a: Personal donation Business donation

One Time Gift in the amount of \$ _____ on _____
(total dollar amount) (month/day/year)

Monthly Gift in the amount of \$ _____ per month until I advise you to stop.
(amount per month)

Additional Gift Information

My gift will be matched by: _____
(Company/Foundation name and address)

My Gift is being made in honor of in memory of _____

I would like to remain anonymous or for donor recognition, please list my name as follows: _____

STEP 3: PAYMENT METHOD

Cash Check (please make checks payable to: Regional YMCA of Western CT)

Bill my Membership Account (billed to the card on your account)

Credit Card

Card Type: Visa American Express MasterCard Discover

Name: _____ Card #: _____ Exp. Date: _____
(as it appears on the card) (month/year)

Authorized Signature: _____ Date: _____ Sec. Code: _____

Return your completed form to estoll@regionalyymca.org or drop off at the Regional YMCA front desk.

The Y is community service organization committed to building healthy lives through programs that strengthen the spirit, mind and body for all. Thank you for your generosity!

If you prefer to donate online, visit: www.regionalyymca.org/donate