



# REGIONAL YMCA ANNUAL SUPPORT CAMPAIGN 2024 PLEDGE FORM

REGIONAL YMCA | 2 HUCKLEBERRY HILL ROAD, BROOKFIELD, CT 06804 | 203.775.4444

## STEP 1: YOUR INFORMATION

Mr./Mrs./Ms.	First Name	M.I.	Last Name	
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 for \_\_\_\_\_ months, starting on \_\_\_\_\_  
(amount per month) (number of months) (month/day/year)

### 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)

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](mailto:estoll@regionalyymca.org) or drop off at the Regional YMCA front desk.

If you prefer to donate online, visit: [www.regionalyymca.org/annual-support](http://www.regionalyymca.org/annual-support)