

YMCA OF GREATER SAN ANTONIO ANNUAL CAMPAIGN



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Full Name _____ Date _____
Address _____
City _____
State _____ Zip _____
Work Phone _____
Home Phone _____
Email Address _____

I am an active Y Member: Y N

This gift is from _____ A Business _____ An Individual _____ Anonymous _____
Business Name (if company gift) _____

How I would like to be recognized for this gift:

*You may be recognized as an individual, family, couple or business, or remain anonymous.

PLEASE DESIGNATE MY GIFT FOR:

- | | |
|-------------------------------|----------------------------|
| The Greatest Y Need | Thousand Oaks Family YMCA |
| Boerne Family YMCA | Walzem Family YMCA |
| Davis-Scott Family YMCA | Westside Family YMCA |
| D.R. Semmes Family YMCA | Y Living Center |
| Harvey E. Najim Family YMCA | YMCA Camp Flaming Arrow |
| Mays Family YMCA at Potranco | YMCA at O.P. Schnabel Park |
| Mays Family YMCA at Stone Oak | Youth Development |
| Schertz Family YMCA | Other: _____ |

I WOULD LIKE TO GIVE A GIFT OF

\$ _____

to the YMCA Annual Campaign.

What inspired you to give?

- Providing an inclusive environment for all.
- Closing the achievement gap & keeping our kids safe.
- Improving the health & well-being of our community.

MATCHING GIFT

Company Name: _____

- My company will match my gift
- I'm not sure if my company will match my gift, please look up

IT IS MY INTENTION TO PAY THIS GIFT BY ONE OF THE FOLLOWING OPTIONS

***It is requested that gifts be paid in full by December 31, 2019**

PAYMENT OPTIONS

Please check one of the following:

My Gift is **enclosed** in full amount of \$ _____
Cash _____ Check _____

Please charge my **credit card** \$ _____
Monthly _____ Quarterly* _____ Once in the month of _____

Please send me **payment reminders**
Monthly _____ Quarterly* _____ Once in the month of _____

*Quarterly: March, June, Sept., Dec.

CREDIT CARD INFORMATION

Please check only one of the following:

Mastercard _____ Visa _____ Discover _____ AMEX _____

Account Number: _____

Expiration Date: _____ V-code: _____

My address for this card is the same as above.

If not, please list below.

Card Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Donor ID _____ Campaigner _____

Branch(s) _____ Member ID _____ Payroll _____

2018 Gift _____ 2017 Gift _____