

# 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 \_\_\_\_\_ Anonymously \_\_\_\_\_

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
- Boerne Family YMCA
- Cibolo Family YMCA
- Davis-Scott Family YMCA
- D.R. Semmes Family YMCA
- Harvey E. Najim Family YMCA
- Mays Family YMCA at Potranco
- Mays Family YMCA at Stone Oak

- Schertz Family YMCA
- Thousand Oaks Family YMCA
- Walzem Family YMCA
- Westside Family YMCA
- Y Integrated Wellness
- YMCA Camp Flaming Arrow
- YMCA at O.P. Schnabel Park
- Youth Development

## 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, 2020**

### 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: \_\_\_\_\_

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 \_\_\_\_\_ Member ID \_\_\_\_\_

Branch \_\_\_\_\_ Campaigner \_\_\_\_\_

2019 Gift \_\_\_\_\_ 2018 Gift \_\_\_\_\_