



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ANNUAL COMMUNITY GIVING PLEDGE

I wish to make a gift to the YMCA annual community giving initiative to help the Y continue to provide programs and services to those in the community who need them most. My preference for gift use is:

- where needed most youth development healthy living community outreach services

Donor

Name: _____ Signature: _____

Address: _____

City: _____

Phone: _____ Email: _____

Pledge amount: I (we) pledge the amount of \$ _____ to the YMCA annual community giving initiative.

Matching gifts: My gift will be matched by _____
(company/foundation)

- Form enclosed Will forward form to the YMCA

Payment schedule: Please begin billing me in _____ (month).

- Monthly Quarterly Semiannually

Notes _____

Payment method:

- Check** (Make payable to Santa Monica Family YMCA)
 Credit Card (We will call you to securely accept your credit card information)

Recognition: I wish this gift to be anonymous

- Please use the following name(s) in all acknowledgments (print exactly as you prefer them listed):

Thank you. Gifts to the Y are eligible for an IRS tax deduction as allowable by law.

Please mail this form to: The Santa Monica Family YMCA, P.O. Box 1160, Santa Monica, CA 90406 or email to: Execoffice@ymcasm.org. For more information call Ana-Marie Schaefer at (310) 393-2721 ext. 140