



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STRONGER TOGETHER

We are/I am delighted to make a pledge of (\$) _____ dollars to be paid in either cash, securities, or both as a donation to the Findlay YMCA. We/I understand this gift is for the purpose of fulfilling the objectives of Campaign. This letter documents our/my financial commitment and serves as our/my formal statement of intent to provide this gift to the Findlay YMCA. Findlay YMCA is registered as a 501(c)(3) nonprofit organization. Contributions to the Findlay YMCA are tax-deductible to the extent permitted by law. Findlay YMCA's tax identification number is 34-4428263. This gift is a non-binding intention that will be paid to Findlay YMCA.

Name: _____ Is this an: Organization or individual? (check one)

If organization, please provide contact name _____ Title _____

Mailing Address: _____ **City, State, Zip:** _____

Telephone (home): _____ **Telephone (business):** _____

E-Mail: _____ **Mobile:** _____

CAMPAIGN GIFT DESIGNATION (choose one)

TOTAL GIFT \$ _____

Unrestricted - To provide for the greatest flexibility, we/I would like our/my campaign gift to be used in the areas of greatest need for Findlay YMCA.

Restricted - We/I would like our/my campaign gift to be restricted to the following campaign priority.

____ Phase I - Early Learning Center

____ Phase II - Downtown YMCA and East Branch

We/I would like to make our/my campaign gift in honor/memory of _____

PLEDGE PAYMENT SCHEDULE (choose all that apply)

We are/I am enclosing my first payment of \$ _____

Our/My first payment of \$ _____ will be paid on ___/___/___ with the balance of

\$ _____ to be paid in equal annual installments of \$ _____ in _____ (month)
of the following years: _____

I would like to make my donation with a gift of stock/securities.*

My company _____ will match this gift.*

*Please contact Sierra Hutton at 419-422-4424 or by email at shutton@findlayymca.com

PAYMENT INFORMATION (choose one)

Full Payment Enclosed Invoice me starting on _____ Annually Semi-Annually Quarterly Monthly

Auto-Payment starting on _____ Annually Semi-Annually Quarterly Monthly

Credit Card: American Express Visa MasterCard Discover

Name: (as it appears on card): _____

Card Number: _____ **Exp.:** ___/___ **CVV:** _____

Billing Address: (if different than above) _____

City: _____ **State:** _____ **Zip:** _____ **Cardholder Email:** (if different than above) _____

Yes, I authorize the Findlay YMCA to charge my credit card for future payments related to this pledge. I will be charged as indicated above. I may make changes anytime by contacting the Findlay YMCA at 419-422-4424.

Signature: _____ **Date:** _____

Checks: Please make checks payable to **Findlay YMCA** and mail to:

Findlay YMCA
Campaign
300 E. Lincoln St.
Findlay, OH 45840

Gift Recognition: Please list our/my name(s) as follows: _____

We/I wish to confirm the following naming opportunity: _____

We/I prefer to be listed as Anonymous

Signature (Donor) _____ Printed Name (Donor) _____ Date: _____

Signature (Donor) _____ Printed Name (Donor) _____ Date: _____