

YMCA OF CENTRAL KENTUCKY 2024 IMPACT CAMPAIGN COMMUNITY PLEDGE FORM



MY INFORMATION

Please check all that apply First-time donor Y member Business/Organization

FIRST NAME

LAST NAME

STREET ADDRESS

CITY, STATE, ZIP

EMAIL

PRIMARY PHONE

CAMPAIGNER NAME

MY GIFT

- I would like to make a one-time gift of \$ in (month) 2024
- I would like to make a monthly gift of \$ beginning (month) & ending (month)
- I would like to make a quarterly gift of \$ x four (4) months

TOTAL CONTRIBUTION \$

PAYMENT OPTIONS

- Invoice me** based on preference above
- Pay Now** Cash enclosed Check payable to YMCA of Central Kentucky enclosed
- To pay with a **credit card or EFT bank account**, please visit ymcackey.org

SCAN
TO GIVE
ONLINE



AUTHORIZATION



DONOR SIGNATURE (REQUIRED)

DATE

DONOR PREFERENCES

- Please provide information about including the Y in my/our estate plan.

My employer matches gifts
Matching Employer Name

How would you like to be publicly recognized?

- I prefer to remain anonymous (e.g., John Smith, Mr. & Mrs. Smith, ABC Corp.)

Please designate my gift to the following:

- Apply my gift to the greatest need C.M. Gatton Beaumont YMCA Frankfort YMCA High Street YMCA
- North Lexington Family YMCA Whitaker Family YMCA YMCA Black Achievers