



Y We build strong kids, strong families, strong communities.

Count me as a Y Partner!

I hereby express my desire to participate in the work of the YMCA through the Y Partners current support campaign.

I wish to make a contribution in the amount of \$ _____

Signature _____

Date _____

(Please indicate payment schedule on the reverse side of this card.)

Print name as you would like the gift to be acknowledged:

Name(s) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____



Pledge \$ _____

Paid \$ _____

Balance Due \$ _____

Credit Card: VISA MasterCard Discover Am. Express

Card # _____ Exp. Date _____

Signature _____

Please bill me: (For gifts \$25 and above)

One Time (Choose month: _____)

Semi-Annually

Quarterly

Monthly

www.yocatwincities.org

The YMCA is a not for profit 501 (c) (3) organization. Your gift is fully tax deductible as allowable by law.

For gifts of \$100 and over you may also choose:

Automatic Withdrawal (Bank Debit)

Please have \$ _____ automatically deducted from my checking or savings account each month.

Begin month of _____

(You will need to attach a voided check or savings deposit slip with bank debit forms)

Signature _____

Date _____ Day Phone _____

Does your company have a matching gift program? Yes No

Company Name _____

YMCA of Metropolitan Minneapolis
30 South Ninth Street
Minneapolis, MN 55402