

INDIVIDUAL PLEDGE

KOSCIUSKO COMMUNITY YMCA ANNUAL CAMPAIGN



DONOR INFORMATION:

LAST NAME _____ FIRST NAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

GIVING OPTIONS | PLEASE CHOOSE ONE:

- I WANT TO MAKE A ONE TIME DONATION OF \$ _____
- I WANT TO DONATE \$ _____ PER MONTH ON AN ON-GOING BASIS.
- I WANT TO DONATE \$ _____ PER MONTH STARTING IN _____ FOR THE
REMAINDER OF THIS YEAR

PAYMENT OPTIONS:

I AM ENCLOSING PAYMENT (MAIL TO: ATTN MISSY HARTMAN, 1305 MARINERS DRIVE, WARSAW, IN, 46582)

PLEASE INVOICE ME

CREDIT CARD

CARD NUMBER _____

EXP DATE CVV _____

CHECKING/SAVING ACCOUNT

ROUTING NUMBER _____

ACCOUNT NUMBER _____

DONOR RECOGNITION:

HOW WOULD YOU LIKE YOUR NAME TO BE LISTED ON OUR DONOR DISPLAY AND ANNUAL REPORT?

RECEIPT:

PLEASE SEND ME RECEIPT VIA: () EMAIL () MAIL

SIGNATURE:

DONOR SIGNATURE _____ DATE _____

THANK YOU FOR YOUR SUPPORT!