

# 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 KELLE BAUTZ, 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!**