



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF GREATER
HARTFORD**

PLEDGE AGREEMENT

Donor/Company Name(s): _____

Corporate Contact to Receive Correspondence (if a corporate gift): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Work): _____ (Home): _____ (Mobile): _____

E-mail: _____

PLEDGE INFORMATION

I pledge a total of: \$ _____ .

PAYMENT OPTIONS

- I wish to pay in full now.
- I wish to set up automatic credit card payments | start: _____ end: _____
- I wish to pay in full by: _____.

CONTRIBUTION SCHEDULE

- Please send pledge reminders: Annually Semi-annually Quarterly Monthly Weekly
 No reminder needed. Paying in full.

PAYMENT METHOD

I plan to make a contribution in the form of: Cash Stock Check Credit Card

Credit Card: VISA MC AMEX DISC

(If your credit card is not in our files, someone from our business office will contact you for the remainder of your credit card information)

Account #: _____ XXXX XXXX _____ Exp. Date: _____
FIRST 4 DIGITS LAST 4 DIGITS

The YMCA will pay my gift using the credit card indicated above and according to the payment schedule I have chosen.

Signature: _____ Date: _____

My gift will be matched by: _____ Company Foundation Family

ACKNOWLEDGMENT

Please print your name as you would like it to appear in formal recognitions and/or publications:

I would like my gift to be anonymous and do not want my name listed for recognition.

Donor Signature: _____ Date: _____

Campaigner: _____ Date: _____

NOTE: Donations are tax deductible to the extent allowed by the law. Questions regarding tax deductibility of contributions should be referred to your tax advisor.

Email completed pledge form to Jennifer Farina at jennifer.farina@ghymca.org or mail to:
YMCA of Greater Hartford • 50 State House Square, 2nd Floor • Hartford, CT 06103
Thank you for your contribution to the Annual Campaign.