

I WANT TO SUPPORT MY Y

1. I PLEDGE THE FOLLOWING GIFT:

Monthly Gift*: \$100 \$50 \$25 \$15 \$10 OTHER _____

or

One Time Gift: \$5,000 \$1,000 \$500 \$250 \$100 OTHER _____

2. PAYMENT OPTIONS:

Charge my credit or debit card

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number _____

Exp Date: _____ Security Code: _____ Total Amount: \$ _____

Cardholder Signature: _____

(*Monthly gifts will be automatically charged on the 3rd of each month.)

Check is enclosed (made payable to YMCA of Greater Omaha)

Send me pledge reminders

Monthly Quarterly Semi-Annually Other ____/____ (specific date)

3. DONOR INFORMATION:

Donated by: _____

Please print donor name exactly as you wish it to appear on recognition materials

I would like my donation to remain anonymous.

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

Place of Employment _____

Does your employer have a matching gift program? Yes No I don't know

Campaigner Name

YMCA Location or Program

PLEASE complete and return this card with your payment or pledge to the YMCA location of your choice. Thank you for your support!

DONATE ONLINE: metroymca.org/support-us/donate



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF
GREATER OMAHA
www.metroymca.org



**STRONG
COMMUNITIES**
Annual Support Campaign

YOU ARE Y.

YMCA's Strong Communities Campaign

Random bit of information/explanation from the cause statement inside the brochure....kjni gnjgrui wurgieupg wuirtirt
weiutr iwht ghknh ngpeoirgn ergoig iuerh wtr

DONATE ONLINE: metroymca.org/support-us/donate