



DONOR	
Name:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
Address:	
City: State:	Zip: Primary Phone:
Email:	Date:
RECOGNITION GI	T AMOUNT MATCHING GIFT
Donors name(s) on any recognition materials should be listed as follo	ws:
	Do you have a YMCA membership? Yes No
Gift Amount: \$	gift will be matched by (if applicable): (Company / Foundation / Family)
	Note: Completed (Company / Foundation / Family) form must be attached
Branch:	Campaigner:
TIMELINE PAYMENT METHOD	
My intent is to pay this unrestricted gift as follows:	
A payment in the amount of \$ is attached	
☐ In 2 equal semi-annual payments ☐ In monthly payments ☐ Begin my installment payments on	
Month / Date / Year	
Preferred payment processing date: 5th of the month	
20th of the	
Other: (please specify a payment plan)	
Cash or Check Check (Make payable to YMCA of	
Band Draft Bank Routing #:	
(MC, VI, AMEX)	Exp:
Name on Account:	
AUTHORIZATION	

Signature

Name (Print)