



Name _____

Address _____

Day Phone _____

Evening _____

E-mail _____

**In the spirit of serving our community,
I / we pledge the following amount to the
YMCA 2008 Children's Fund**

**Total Pledge Amount \$ _____
Branch Designation _____**

I will fulfill my gift as follows:

- Enclosed is a check for \$ _____
Make Checks Payable to:
YMCA of Catawba Valley
- Bill me one time beginning on _____
- Bill me quarterly (April/June/
September /December)
- Charge my credit card monthly
beginning on _____ for the amount of
\$ _____ for ___ months
- Charge my credit card in the amount of
\$ _____

Circle One Visa Mastercard

Credit Card # _____

Exp Date: _____

Donor Signature _____

Campaigner _____

*For recognition purposes, please indicate below your exact
preference. Example: Dr. and Mrs. John Doe—John and
Jane Doe* _____