



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STOWE FAMILY YMCA CAPITAL CAMPAIGN COMMITMENT FORM

DONOR INFORMATION

Donor/Company Name(s) _____
 Corporate Contact to Receive Correspondence (if a corporate gift) _____
 Address _____
 City _____ State _____ Zip _____
 Phone: (Work) _____ (Home) _____ (Mobile) _____
 Email _____

MY PLEDGE INFORMATION



I/We pledge a total of: \$ _____
 Less: Amount Paid Now: \$ _____
 Balance to be Paid: \$ _____

I wish to spread my donation over:

One time gift 1 2 3 4 5 year(s) Beginning ____ / ____ (month/year)

2024 Payment	2025 Payment	2026 Payment	2027 Payment	2028 Payment
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Special Notes: _____

CONTRIBUTION METHOD

Please send pledge reminders: Annually Semi-annually Quarterly Beginning ____ / ____ (month/year)

I plan to make a contribution in the form of:

Cash/Check Stock Credit card Other _____

Credit card Information: Visa MasterCard (Y Staff will call for credit card information)

Charge on the following date(s) month/year: ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____

My gift will be matched by: Company Foundation Family Name: _____

NOTE: Donations are tax deductible to the extent allowed by the law. Tax receipts will be issued at the end of the year your payment was made. Questions regarding contributions should be referred to your tax advisor. Questions about your Y pledge? Contact jwoodward@gastonymca.org with questions.

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 Signature _____ Date _____

Please make checks payable to: Stowe Family YMCA Capital Campaign
 Please remit payment/Pledge Form to: Stowe Family YMCA
 Attn: Capital Campaign 196 YMCA Drive, Belmont, NC 28012