



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF GREATER HARTFORD

## WE BUILD LIFELONG SUCCESS.

### BOARD OF DIRECTORS AND TRUSTEES

## 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: \_\_\_\_\_, 2020

I wish to pay in full by: \_\_\_\_\_, 2020.

### CONTRIBUTION SCHEDULE

Please send pledge reminders:

Annually  Semi-annually  Quarterly  Monthly  Weekly

No reminder needed. Paying in full.

I would like to designate my gift to the following branch: \*\*If you choose to split your gift between branches, please indicate amount or percentage next to each branch\*\*

- Metro \_\_\_\_\_ Amount / %
- \_\_\_\_\_ Branch \_\_\_\_\_ Amount / %
- \_\_\_\_\_ Branch \_\_\_\_\_ Amount / %
- \_\_\_\_\_ Branch \_\_\_\_\_ Amount / %

### PAYMENT METHOD

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

**Credit Card:**  VISA  MC  AMEX  DISC

Account#: \_\_\_\_\_ XXXX XXXX \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
FIRST 4 DIGITS LAST 4 DIGITS

(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)

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.