

YMCA OF GREATER SAN ANTONIO ANNUAL CAMPAIGN



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Full Name _____ Date _____
Address _____
City _____
State _____ Zip _____
Work Phone _____
Home Phone _____
Email Address _____

I am an active Y Member: Y N
I am a Y Program Member: Y N
This gift is from A Business An Individual Anonymou
Business Name (if company gift) _____
How I would like to be recognized for this gift:

*You may be recognized as an individual, family, couple or business, or remain anonymous.

PLEASE DESIGNATE MY GIFT FOR:

- | | |
|------------------------------|----------------------------|
| The Greatest Y Need | Schertz Family YMCA |
| Boerne Family YMCA | Thousand Oaks Family YMCA |
| Cibolo Family YMCA | Westside Family YMCA |
| Davis-Scott Family YMCA | Youth Sports |
| D.R. Semmes Family YMCA | YMCA at O.P. Schnabel Park |
| Harvey E. Najim Family YMCA | YMCA Roberts Ranch |
| Mays Family YMCA at Potranco | Youth Development |
| New Braunfels Family YMCA | |

I WOULD LIKE TO GIVE A GIFT OF

\$

to the YMCA Annual Campaign.

What inspired you to give?

- Providing an inclusive environment for all.
- Closing the achievement gap & keeping our kids safe.
- Improving the health & well-being of our community.

MATCHING GIFT

Company Name: _____

My company will match my gift
I'm not sure if my company will match my gift, please look up

IT IS MY INTENTION TO PAY THIS GIFT BY ONE OF THE FOLLOWING OPTIONS

*It is requested that gifts be paid in full by December 31, 2023

PAYMENT OPTIONS

Please check one of the following:
My Gift is **enclosed** in full amount of \$ _____
Cash Check
Please charge my **credit card** \$ _____
Monthly Quarterly* Once in the month of _____
Please send me **payment reminders**
Monthly Quarterly* Once in the month of _____

*Quarterly: March, June, Sept., Dec.

CREDIT CARD INFORMATION

Payments will be processed on the 5th or 20th of each month.

I would like my payment processed on:
5th 20th

Please check only one of the following:
Mastercard Visa Discover AMEX
CC Number: _____
Expiration Date: _____

Signature _____ Date _____

FOR OFFICE USE ONLY
Date Received _____
Branch _____
Campaigner _____