



2018 Annual Fund
YMCA of the Greater Twin Cities

Help Support YMCA Camp Warren!

To donate online, visit our website at www.ymcamn.org/give

Name(s): _____

Address: _____

Phone: _____

Phone type: Cell Home Work

Email: _____

2018 Gift Only

My total 2018 commitment: \$ _____

Installments: Once Monthly Quarterly

First payment month: _____

Sustaining Donor*

Requires credit card or bank debit information.

I will give \$ _____ each:

Month Quarter Year

* Sustaining gift withdrawal shall remain in effect until donor notifies the Y that they wish to change or end it. The Y provides year-end tax receipts.

Credit Card (processed around the 25th of the month)

Card Type: MasterCard Visa American Express Discover

Credit Card # _____ Exp. Date __ __ / __ __ CVV _____ Zip _____

Charge now

Charge in month of _____, 2018.

Contact me for bank debit payments.

I plan to give by other means. (e.g., stock gift or donor advised fund)

Please print name as you would like to be acknowledged: _____

I wish to remain anonymous.

I will follow up with my employer to match my gift

Signature: _____

Date: _____