



YMCA CAMP WIDJIWAGAN Annual Fund

My/our Name(s): _____ Phone: _____

Address: _____
_____ Email: _____

I/we want to **make an impact** by giving to the Camp Widjiwagan community.
(Y site/program/camp name)

ONE-TIME GIFT of \$ _____.

SUSTAINING GIFT

Gifts will be paid automatically each month. You may change or cancel at any time.

My/our monthly gift \$ _____

PAYMENT METHOD

Credit Card

Visa MasterCard American Express Discover

Credit Card # _____ Exp Date ____/____ CCID/CVV _____

Check (attached/enclosed)

Cash (attached)

I pledge to donate by _____
(specific date or month)

Acknowledgement Name(s): _____ I/we wish to remain anonymous

DONATE ONLINE

Visit the Y Give Page at www.ymcanorth.org/give

Mail checks to:
YMCA of the North
NW 5901
P.O. Box 1450
Minneapolis, MN 55485-5901

Questions? Please contact Donor Services at (P) 612 371 8707 or (E) giving@ymcanorth.org

The YMCA of the North is a 501c3 not-for-profit organization. Your gift is tax deductible as allowable by law.