



2021 Annual Fund  
YMCA of the North

# Help Support CycleHealth!

To donate online, visit our website at [www.ymcanorth.org/give](http://www.ymcanorth.org/give)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Phone type:  Cell  Home  Work

Email: \_\_\_\_\_

### 2021 Gift Only

My total 2021 commitment: \$ \_\_\_\_\_

Installments:  Once  Monthly  Quarterly

First payment month: \_\_\_\_\_

### Sustaining Donor\*

*Requires credit card or bank debit information.*

I will give \$ \_\_\_\_\_ each month.

\* Monthly donation remains in effect until donor notifies the Y that they wish to change or end. The Y provides year-end tax receipts.

I commit to giving to multiple Y sites, as listed below, for the 2021 Annual Fund:

Amount:	Amount:	Amount:	Amount:
Location:	Location:	Location:	Location:

**Credit Card** (to be processed around the 25<sup>th</sup> of the month)

Credit Card Information:  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

**Checking Account Direct Debit**

Bank Name (and City, if available) \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Checking Account # \_\_\_\_\_

**Check (attached)**

**I plan to donate 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: \_\_\_\_\_