



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTH COUNTY YMCA BRANCH CAPITAL CAMPAIGN PLEDGE FORM

As an expression of support to the YMCA of Frederick County in their efforts to expand programming and services in and around the Frederick community, I/we pledge a contribution in the amount indicated below.

Donor Name(s) _____ Date of Birth _____

Company Name/Contact (if corporate gift) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PLEDGE AMOUNT: \$5k \$10k \$25k \$50k \$100k Other \$ _____

PLEASE CHOOSE A TIME-FRAME:

Paid in full.

Balance to be paid in equal annual installments over a period of _____ year(s).

I am including the YMCA of Frederick County in my estate plans. *Max: 5 years

IF CHOOSING INSTALLMENTS, PLEASE CHOOSE PAYMENT SCHEDULE:

A check for \$ _____ is enclosed.

and/or

Balance to be paid (Select One): Monthly Quarterly Annually

in equal installments of \$ _____

I/we would like to begin payments on: ____ / ____ / ____

and request reminder notices: Monthly Quarterly Annually

SELECT PAYMENT METHOD FOR INSTALLMENTS:

Please Send me an invoice

Credit Card (On file)

I authorize the YMCA of Frederick County to charge my credit card on a recurring basis for the amount stated above.

Authorized Signature _____ Date _____

Payroll Deduction (Y Staff Only)

Signature _____ Date _____

Name(s) _____

Please print your name(s) as you wish to be acknowledged

THANK YOU!!! Thank you for your financial investment in the Y's effort to support the southern part of Frederick County. We promise our continuing effort to fulfill your expectations and meet the needs of our community.

PLEASE RETURN THIS PLEDGE FORM TO:
Financial Development Department
YMCA OF FREDERICK COUNTY
1000 N. Market Street
Frederick, MD 21701

**OFFICE
USE ONLY**

Fund Time ID #: _____ Pledge # _____ Excel

Campaigner Name: _____ CCC

Campaign Division: _____ Invoice