

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## **SUPPORT THE CAMPAIGN**

As an investment to strengthen our community and our YMCA, I/we pledge \$\_\_\_\_\_\_ to the capital campaign for the new <u>Ottawa YMCA</u>.

Please Print				
Name(s): Company (if applicable):				•
Address:				-
City:			 Zip:	
Email:			•	
Preferred phone:			☐ Business ☐ Ho	ome
A total gift of \$		_ is enclosed.		
The balance will be paid over		years as	follows:	
\$	_ Date:			
\$	Date:			
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☐ My employer and/or spouse's empthe required paperwork.  Payment Options:	·	, -		
$\square$ Enclosed is a check in the amount YMCA Foundation".	of \$		payable to	the "Ottawa
☐ Please charge my gift to my credit Credit Card Type: Account Number:	-	•	Date:	
☐ I am interested in filling my pledg contribution. Please contact me. ☐ I am interested in filling my pledg		h a contribution	n of stock or anoth	er type of
Donor Signature		Date		
Campaigner Name				

THANK YOU! Please return the pledge form to the Ottawa YMCA, 201 E Jackson St, Ottawa, IL 61350