

YMCA of Greater Long Beach

Annual Campaign

Donor Name: _____
Business Name: _____
(for business pledges only)
Home Phone: _____
Business Phone: _____
Cell Phone: _____
E-Mail: _____
Member ID: _____

Donor Address: _____

Giving History:

Campaign	Pledged	Paid

Campaigner: _____
Pledge Amount: _____

Matching Gift: Yes No
Company: _____
Amount: _____

Will give Send information
 Undecided Change e-mail
 Declined to give Remove e-mail
 Remove form mailing list

Profile: _____

Pledge Amount: _____

Campaigner: _____
Total Pledge Amount: _____

Payment Options:
 I wish to pay in full.
 I wish to set up an automatic draft for my payments.
 Don't draft me; please send a reminder for my pledge payments.

Payment Method:
 Credit Card: __ Visa __ MC __ AMEX __ Discover
Acct #: _____ Exp Date: _____
 Bank Draft (Attach voided check)
 Full Payment Enclosed

Payment Schedule:
 Weekly Monthly Quarterly
 Semi-Annually Annually
Start Date: _____ End Date: _____
Donor Signature: _____



Make checks payable to:

YMCA of Greater Long Beach
4801 Airport Plaza Dr.
Suite 400
Long Beach, CA 90815
United States

(562) 279-1700

Member ID: _____
Home Phone: _____
Business Phone: _____