

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 from mailing list

Profile:

Pledge Amount: _____



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: _____

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: _____