

Northfield Area Family YMCA



Donor Name(s) _____

Address _____

Home Phone _____ Work Phone _____ Email _____

PLEDGE INFORMATION

I/we would like to make a total annual Y Scholarship Drive contribution in the amount of \$ _____

In addition, I/we would like to make a contribution to the building fund in the amount of \$ _____

I/we would like this building fund gift to be over 5 4 3 2 1 year(s), beginning (month/year) _____

CONTRIBUTION METHOD

I/we will pay by cash check debit/credit card other (please explain) _____

Please invoice me annually semi-annually quarterly monthly other _____

ACKNOWLEDGEMENT Please print name(s) as you would like it/them to appear in formal recognitions and/or publications.

I/we would like this gift to be anonymous and do not want to be listed for recognition.

Donor Signature _____ Date _____

Northfield Area Family YMCA, 1501 Honeylocust Dr / Northfield, MN 55057 / 507.645.0088 / www.northfieldymca.org

