

# Northfield Area Family YMCA

## 2009 Annual Scholarship Campaign

I would like to make a total contribution of  
\$ \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

See reverse side for monthly or quarterly payment info.

Print name as you would like the gift to be acknowledged:  
\_\_\_\_\_

**Thank You! Your contribution is tax deductible.**

- Personal Check    Visa    MasterCard    Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

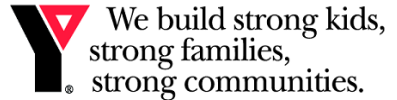
Name on card: \_\_\_\_\_

- Monthly withdrawal from checking or savings account    Qtrly (bill me)

Bank routing #: \_\_\_\_\_

Bank account #: \_\_\_\_\_

### Northfield Area Family YMCA



Caring

Honesty

Respect

Responsibility

Send donations to:  
Northfield Area Family YMCA  
519 Division Street  
Northfield, MN 55057  
Or  
[virginia@northfieldymca.org](mailto:virginia@northfieldymca.org)