



**Leadership
Development**

Ron Griffith Young Leaders Fund

A partnership of the Northfield Area Family YMCA and Just Food Co-op

I wish to make a total contribution in the amount of \$ _____.

Payable

Name: _____

In Full: _____

Address: _____

Mo/Qtrly: _____

City/State/Zip: _____

Other: _____

Home Phone: _____

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

Work Phone: _____

Email: _____

Thank You! Your contribution is tax deductible.



Personal Check payable to: Ron Griffith Young Leaders Fund/YMCA

Credit Card

Visa

MasterCard

Discover

Does your company have a matching gift program?

YES

NO

Company Name:

Card #: _____ Expiration Date: _____

Name on card: _____

I agree to pay above total amount according to the card issuer agreement:

Contributor:

X _____

Submitted by:

X _____



**Northfield Area Family YMCA
519 Division Street
Northfield, MN 55057
507-645-0088
www.northfieldymca.org**