



2019 Annual Fund
YMCA of the Greater Twin Cities

Help Support YMCA Camp Menogyn!

To donate online, visit our website at www.ymcamn.org/give

Name(s): _____

Address: _____

Phone: _____
Phone type: Cell Home Work

Email: _____

2019 Gift Only

My total 2019 commitment: \$ _____

Installments: Once Monthly Quarterly

First payment month: _____

Sustaining Donor*

Requires credit card or bank debit information.

I will give \$ _____ each month.

* Sustaining gift withdrawal shall remain in effect until donor notifies the Y that they wish to change or end it. The Y provides year-end tax receipts.

I commit to giving to multiple Y sites, as listed below, for the 2019 Annual Fund:

Amount:	Amount:	Amount:	Amount:
Location:	Location:	Location:	Location:

Credit Card (to be processed around the 25th of the month)

Credit Card Information: Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date ____/____ CVV _____

Checking Account Direct Debit

Bank Name (and City, if available) _____

Routing # (9 digits) _____-_____-_____

Checking Account # _____

Check (attached)

I plan to donate by other means. (e.g., stock gift or donor advised fund)

Please print name as you would like to be acknowledged: _____

I wish to remain anonymous.

I will follow up with my employer to match my gift

Signature: _____ Date: _____