

2023 Annual Campaign

Donor Name _____



YMCA of Greater Fort Wayne
347 W Berry St, Suite 500
Fort Wayne, IN 46802

Branch _____

Campaigner _____

*Your personal information is kept confidential

Total Pledge Amount \$ _____

Payment/Billing Method (choose one):

- ☐ **Payment included** with pledge card. (Checks made payable to **YMCA of Greater Fort Wayne.**)
- ☐ **Please invoice** me for the full amount in the month of _____ 2023.*
- ☐ Pledge to be paid in quarterly until the pledge is fulfilled in 2023.*
- ☐ Pledge to be paid in monthly increments until the pledge is fulfilled in 2023.*

*invoice reminders will be sent and will provide payment method options.

Corporate Matching Gift:

The donor will contact _____ regarding the eligible corporate matching gift.

Acknowledgement Information (choose):

- ☐ I would prefer that my gift be kept confidential
- ☐ Recognize my gift with the following personal name(s) or company name:

My gift is: ☐ in memory of ☐ in honor of _____

- ☐ **The donation is \$1,000 or more please place a banner in the following branch(es)**

please list one branch for every \$1,000 donation:

Pledge Submitted for Recording on: _____ Signed: _____