

PLEDGE OF INTENT TO SUPPORT THE NEW MARION YMCA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALL TOGETHER. BETTER.

The Capital Campaign for a New Regional YMCA in Marion

www.NewMarionYMCA.org



YMCA of the Cedar Rapids Metro Area
207 7th Avenue SE
Cedar Rapids, IA 52401-1314

HAVE ANY QUESTIONS? Sara: Mentzer@CRMetroYMCA.org (phone) 319-538-8296

Donor Name(s) _____

Organization (if applicable) _____

Email Address _____ Cell Phone _____

Address _____ Other Phone _____

City _____ State _____ Zip _____

Preferred contact information (if different than above) _____

All donors will be recognized [] I/We would like my/our gift to remain anonymous

[] Here is how I/we want names listed for recognition: _____

[] My/Our gift is in: [] honor [] memory of: _____

[] Contact me/us about available naming opportunities

Contributions to the YMCA, a registered 501(c)(3) nonprofit organization, are TAX DEDUCTIBLE

[] I/We pledge a TOTAL of \$ _____ to the Capital Campaign for a New Regional YMCA in Marion

[] Enclosed find a check or money order for \$ _____ (made payable to YMCA of the Cedar Rapids Metro Area)

[] The remainder of my/our commitment will be fulfilled with payments of \$ _____, which will be contributed:

[] annually [] semi-annually [] quarterly [] monthly for: [] 1 year [] 2 years [] 3 years [] 4 years [] 5 years

[] starting on: (Month/Day/Year) ___/___/_____ and ending on: (Month/Day/Year) ___/___/_____

[] Payment Method: [] Mailed Invoice [] Emailed Invoice [] Automatic Bank Draft (a voided blank check is attached)

[] Credit Card #: _____ Expires: ___/___ Security Code: _____ [] VISA [] MC [] Discover

[] My company: _____ will match my/our gift

[] My spouse's company: _____ will match my/our gift

[] Contact me about a stock or estate planned gift [] Other form of gift: _____

Donor Signature: _____ Date: _____

THANK YOU FOR YOUR SUPPORT