



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ATHENS-MCMINN FAMILY YMCA CAPITAL CAMPAIGN COMMITMENT FORM

## DONOR INFORMATION

Donor/Company Name(s) \_\_\_\_\_  
 Corporate Contact to Receive Correspondence (if a corporate gift) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Email \_\_\_\_\_

## MY PLEDGE INFORMATION



I/We pledge a total of: \$ \_\_\_\_\_  
 Less: Amount Paid Now: \$ \_\_\_\_\_  
 Balance to be Paid: \$ \_\_\_\_\_

I wish to spread my donation over:

One time gift    1            2            3 year(s)

Beginning \_\_\_\_ / \_\_\_\_ (month/year)

2024 Payment      2025 Payment      2026 Payment  
 \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Special Notes: \_\_\_\_\_

## CONTRIBUTION METHOD

Please send pledge reminders:  Annually  Semi-annually  Quarterly    Beginning \_\_\_\_ / \_\_\_\_ (month/year) I  
 plan to make a contribution in the form of:

Cash/Check     Stock     Credit card     Other \_\_\_\_\_

Credit card Information:  Visa  MasterCard (Y Staff will call for credit card information)

Charge on the following date(s) month/year: \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_

My gift will be matched by:  Company  Foundation  Family    Name: \_\_\_\_\_

NOTE: Donations are tax deductible to the extent allowed by the law. Tax receipts will be issued at the end of the year your payment was made. Questions regarding contributions should be referred to your tax advisor. Questions about your Y pledge? Contact [bradi@athensmcminnymca.org](mailto:bradi@athensmcminnymca.org) with questions.

## ACKNOWLEDGMENT

Please print your name as you would like it to appear in formal recognitions and/or publications:

\_\_\_\_\_

I would like my gift to be anonymous and do not want my name listed for recognition.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Campaigner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to: **Athens-McMinn Family YMCA Capital Campaign**  
 Please remit payment/Pledge Form to: **Athens-McMinn Family YMCA**  
**Attn: Capital Campaign P.O. Box 376 Athens, TN 37371-0376**