

DONOR FORM



2024 ANNUAL CAMPAIGN MARSHFIELD AREA YMCA, INC.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STEP 1: DONOR INFORMATION

Mr. Mrs. Ms. Other _____ Individual Organization/Corporation Board Member

Donor First Name _____ MI _____ Donor Last Name _____

Organization/Corporation (if applicable) _____ Contact Person _____

Mailing Address _____ City, State, Zip _____

Donor or Contact E-Mail Address _____ Donor or Contact Phone Number _____

STEP 2: PAYMENT OPTIONS

2024 Gift/Pledge Total

\$

OPTION #1 - ONE TIME GIFT

Pay Now..... Cash Check payable to Marshfield Area YMCA
 Please Invoice Me..... One Time in _____/2024
 Credit Card..... Visa Mastercard Discover American Express
Card Number: _____ CID# _____
Exp. Date: ___/___ Name on Card: _____

OPTION #2 - MONTHLY CREDIT CARD PAYMENT

Please draft \$ _____ MONTHLY
Begin drafts in the month of _____ and end in the month of _____
(all drafts must be completed by December 2024)
 Credit Card..... Visa Mastercard Discover American Express
Card Number: _____ CID# _____
Exp. Date: ___/___ Name on Card: _____

STEP 3: GIFT INFORMATION

Gift Designation: Area of Greatest Need Other/Special Instruction: _____

-> DONOR SIGNATURE: _____ DATE: _____

Recognition Name: _____ Do not publish my name

OFFICE USE ONLY:

Reviewed By: _____ Date: _____