



Enriching Lives Together

Make your gift today and help the YMCA of San Francisco build strong communities!

MY GIFT

Yes! I want to make a gift of \$ _____ to the _____ Annual Giving Campaign.
(Amount) (Branch Name)

I will request a matching gift of \$ _____ from my employer, _____
(Employer's Name)

Campaigner Name (if applicable) _____

Recognition Name: _____ or I wish to remain anonymous.

Contribution is: In Honor of or In Memory of _____
(Honoree's Name)

MY CONTACT INFORMATION

Name / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(circle: work / home / cell)

METHOD OF PAYMENT (minimum pledge for invoicing is \$100)

My check made payable to YMCA of San Francisco is enclosed.

Please charge my credit card: One time Monthly (\$ _____ per month until pledge is fulfilled)

Card No.: _____ Exp. Date ____ / ____

Name on Card: _____ Signature: _____

Please accept my pledge. \$ _____ is enclosed. The Y may bill me for the remainder:

One Time: ____ October or ____ April (check one)

Monthly: \$ _____ per month until pledge is fulfilled

Quarterly: \$ _____ per quarter (Oct, Jan, Apr, Jul)

Semiannually: \$ _____ in October and April

Signature to confirm intention: _____ Date: _____

Please send me information about giving to the YMCA Endowment Fund through an outright or planned gift.

Mail or fax this form to:

YMCA of San Francisco | Gift Processing Department
631 Howard Street, Suite 500, San Francisco, CA 94105
Phone: (415) 777-9622 • Fax: (415) 777-6915 • www.ymcasf.org

All donations are tax deductible to the extent allowable by law.