



DREAM • INVEST • BUILD

YMCA of San Francisco

2007-2008 STRONG COMMUNITIES CAMPAIGN

Yes, I want to make a difference in my community with a donation of \$_____ to the YMCA of San Francisco Strong Communities Campaign.

CONTACT INFORMATION

Name: _____

Title (optional): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

YOUR GIFT

My employer, _____, has a matching gift program.
(Employer's Name)

I wish to remain anonymous.

Contribution is (check one): *In Honor of* or *In Memory of*

(Honoree's Name)

I would like my donation to fund _____ or *area of greatest need*.
(Specific Branch)

METHOD OF PAYMENT

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

Please charge my: MasterCard VISA

Card No.: _____ Exp. Date ____ / ____

Name on Card: _____

Signature: _____

Please send me information about including the YMCA in my will or other planned giving options.

**Mail or fax this form to: YMCA of San Francisco, Attn: Financial Development 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.