



ENRICHING LIVES TOGETHER

Make your gift to the Y today! Fill out the form below or give online at www.ymcasf.org/give.

MY GIFT

Yes! I want to make a Annual Campaign gift to the _____ branch of the YMCA of San Francisco.

\$100 \$250 \$500 \$1,000 Other Amount: \$_____

(Gifts of 1,000 or more will be recognized at the Presidents' Club level)

Campaigner Name: _____

My gift will be matched by _____

Form enclosed

Will forward form to the YMCA of SF

In Honor of or In Memory of : _____

We like to report back to you on the impact of your gift. If you would like to be excluded from future mailings, please check this box to be removed from fundraising communications.

MY CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Home Phone: _____

Mobile Number: _____ Business Phone: _____

I'd like to be recognized in printed material as: _____

I'd like to be recognized as anonymous

MAKE YOUR GIFT NOW

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

Please charge my credit card:

Card No.: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

SCHEDULE A FUTURE GIFT (minimum pledge for invoicing is \$100)

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

One Time: _____ October or _____ April

Monthly: \$ _____ per month

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

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, Ste 500, San Francisco, 94105
Phone: (415) 777-9622 • Fax: (415) 777-6915

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