



DREAM • INVEST • BUILD

YMCA of San Francisco

2009-2010 STRONG COMMUNITIES CAMPAIGN

Yes, I want to make a difference in my community with a donation of \$ _____ to _____ of the YMCA of San Francisco.
(Amount) (Branch)

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*.
(Name of Specific Program)

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
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.