



Name (as it appears in Kronos)		Anonymous? •• Yes •• N		
Address	City	State	Zip Code	
Phone #	Email			
Total Gift Amount \$	Center Name	e		
If you wish to designate your gift to (ex. \$1,000 total gift; \$500 to Bellevue; \$500 to Bellevue;	o multiple centers/programs, please 5500 to Y-CAP):	provide the break	cout of your gift	
Gift amount per pay I understand that the payroll of	egular installments via PAYROLL DEI period: \$	r while I am employed with	the YMCA of Middle Tennessee	
	single installment via PAYROLL DEC		ime Gift).	
O Donor wants to pay singl	le installment via CREDIT CARD or (ONLINE by 12/31	/23.	
 Remind me starting i 	in the month of:			
•	mber where we may reach you to sec			
your credit card info	ormation			
Donor Signature		Date		
For gifts to be deducted for all 26 pay perio	ods, pledge cards must be to the HRC's and scanne	ed into DocuPhase by clo	se of business 12/16/2022.	
STAFF SECTION —				
STAFF SECTION Constituent ID				