

YOUR GIFT MAKES MORE
POSSIBLE
GIFT COMMITMENT LETTER
YMCA OF MIDDLE TENNESSEE



Donor/Organization Name(s) _____

Name(s) for recognition _____ Anonymous

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PLEDGE INFORMATION

I pledge a total of \$ _____ in support of the _____ annual campaign.

I wish to spread my donation:

- \$ _____ in year 1
- \$ _____ in year 2
- \$ _____ in year 3

I would like to pay in the following installments:

- Monthly
- Quarterly
- Annually

PAYMENT METHOD

My contribution will be made in the form of:

- Online Gift at WWW.YMCAMIDTN.ORG/GIVE**
- Cash/Check Enclosed** - Make checks payable to YMCA of Middle Tennessee
- Credit Card** - Provide a phone number where we may reach you to securely accept your credit card information.
- Matching Gift Through Employer** - To take advantage, please send all matching gift inquiries to philanthropyoffice@ymcamidtn.org and someone will contact you within two business days

WHY I GIVE:

- PREVENT DROWNING
- STRENGTHEN FAMILIES
- GIFT NOTES: _____
- NURTURE POTENTIAL
- IMPROVE HEALTH
- _____

OTHER WAYS TO GIVE:

- I WANT TO LEARN MORE ABOUT LEGACY GIVING
- I WANT TO LEARN MORE ABOUT VOLUNTEER OPPORTUNITIES

SIGNATURE _____

DATE _____

*Signature required in order to be processed

TO BE FILLED OUT BY OFFICE STAFF:
CAMPAIGNER: _____
CENTER NAME: _____

YMCA OF MIDDLE TENNESSEE TAX ID:
62-0476243