



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2024 GIFT COMMITMENT

## YMCA OF MIDDLE TENNESSEE

### DONOR SECTION

Donor/Spouse Name \_\_\_\_\_

**-OR-**

Organization/Contact Name \_\_\_\_\_

Anonymous?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Gift Amount \$ \_\_\_\_\_ Center/Program Designation \_\_\_\_\_

Donor wants to pay in regular installments by **CHECK**.

- Installation Frequency:  Quarterly  Monthly
- We will begin sending reminders to you in Q1 of 2024

Donor would like to make a pledge or single installment via **ONLINE EXPRESS** by 12/31/24.

- We will begin sending reminders to you in Q1 of 2024
- Provide an email if you would like to receive additional steps from the Philanthropy Office on how to proceed with giving via online express \_\_\_\_\_

**TO GIVE ONLINE, VISIT [YMCAMIDTN.ORG/GIVE](https://ymcamidtn.org/give)**



Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

If you want to take advantage of your employer's **MATCHING GIFT PROGRAM**, want to learn more about **LEGACY GIVING**, or have any other **QUESTIONS** email [PHILANTHROPYOFFICE@YMCAMIDTN.ORG](mailto:PHILANTHROPYOFFICE@YMCAMIDTN.ORG)

YMCA OF MIDDLE TENNESSEE TAX ID:  
**62-0476243**

### STAFF SECTION

Constituent ID \_\_\_\_\_ Appeal Name (board, race, major, etc.) \_\_\_\_\_

Soft Credit \_\_\_\_\_ Fundraiser/Solicitor \_\_\_\_\_