



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.

- 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

YMCA OF MIDDLE TENNESSEE TAX ID:
62-0476243

STAFF SECTION

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

Soft Credit _____ Fundraiser/Solicitor _____