



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 GIFT COMMITMENT EMPLOYEE ANNUAL GIVING

DONOR SECTION

Name (as it appears in Paycom) _____

Name(s) for recognition _____ Anonymous?

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Email _____

CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

I would like to donate \$ _____ (minimum \$2) per pay period in 2025 through payroll deduction for a total gift of \$ _____. (There are 26 pay periods in 2025)

I understand that the payroll deduction I have selected will continue year-to-year while I am employed with the YMCA of Middle Tennessee. Recurring gifts may be stopped at any time by notifying the Payroll Department in writing at least 10 days prior to the scheduled deduction.

- OR -

I would like to donate a one-time gift of \$ _____ (minimum \$25) in 2025 through payroll deduction.

- OR -

I would like to donate a one-time gift of \$ _____ in 2025 by cash or check.*

*We will send a reminder to you Q1 of 2025 or email online giving instructions to me at this email address: _____

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



I wish to designate my gift to the following center/program: _____

I want to learn more about including the YMCA in my estate plans

Donor Signature _____ Date _____

STAFF SECTION

Constituent ID _____ Fundraiser/Solicitor _____

Donor Employee ID _____ Employee Department _____

YMCA OF MIDDLE TENNESSE TAX ID: 62-0476243

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.