



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026 GIFT COMMITMENT

YMCA OF MIDDLE TENNESSEE

DONOR SECTION

Donor/Spouse Name _____

Organization/Contact Name _____

Anonymous ☐

Address _____

Phone _____

Email _____

Gift Amount \$ _____

Center/Program Designation _____

CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

☐ **Check**

- ☐ One-time in the month of _____
☐ Quarterly
☐ Monthly

Please send me reminders for my pledge via ☐ Email ☐ Mail

- OR -

☐

Credit/Debit Card (auto-draft)

Please Note: We will need to call you to add a billing method if one is not already on file

- ☐ One-time in the month of _____
☐ Quarterly
☐ Monthly

Please send me reminders for my pledge via ☐ Email ☐ Mail

- OR -

☐

I will go online to make my donation or pay my pledge

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



☐

Yes, my employer has a matching gift program and I'll submit my gift to be matched!

☐

Yes, I'd like to learn more about joining the Heritage Club and leaving a legacy gift to the YMCA!

Signature _____

Date _____

*Signature required in order to be processed

YMCA OF MIDDLE TENNESSEE TAX ID: 62-0476243

STAFF SECTION

Constituent ID _____

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

Soft Credit _____

Fundraiser/Solicitor _____

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.