



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2026 GIFT COMMITMENT EMPLOYEE ANNUAL GIVING

### DONOR SECTION

Name (as it appears in Paycom) \_\_\_\_\_

Name(s) for recognition \_\_\_\_\_

Anonymous ☐

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

- ☐ I would like to donate \$ \_\_\_\_\_ (minimum \$2) per pay period in 2026 through payroll deduction for a total gift of \$ \_\_\_\_\_. (There are 26 pay periods in 2026)

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 2026 through payroll deduction.

- OR -

- ☐ I would like to donate a one-time gift of \$ \_\_\_\_\_ in 2026 by cash, check or credit card.\*

\*We will send a reminder to you Q1 of 2026 or email online giving instructions to this email address: \_\_\_\_\_

- OR -

- ☐ By checking this box, I acknowledge and understand the continuation of my payroll deduction in the amount of \$ \_\_\_\_\_ toward the 2026 Annual Giving Campaign.

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



- ☐ I wish to designate my gift to the following center/program: \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Signature required in order to be processed

YMCA OF MIDDLE TENNESSEE TAX ID: 62-0476243

### STAFF SECTION

Campaigner \_\_\_\_\_

Employee's Department \_\_\_\_\_

Employee ID \_\_\_\_\_

**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.