

IGNITING A HEALTHY LEGACY



Donor Name(s): _____
Organization (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Here is how I/We want names listed for recognition: _____

Pledge Options: (maximum of 5 years)

I/We proudly invest in the YMCA of the Okobojis Igniting A Healthy Legacy Campaign with:

a _____-year pledge totaling \$ _____

Designation of your investment gift: (Check All That Apply)

- YMCA of the Okobojis Sustainability
- Camp Foster YMCA
- Bedell Family YMCA Aquatics Center Upgrades
- Use Gift Toward Campaign's Greatest Area of Need

Donation Method: (Please Check All That Apply)

- Direct Giving – Cash, Credit Card, Check, EFT
(include a voided blank check for EFT)
- Pledge
- Agriculture or Gifts of Grain
- Real Estate
- Planned Giving and Estate Gifts

All commitments can be paid in installments

- Retirement Accounts
- Personal Property
- Life Insurance
- Gift of Stock
- In-Kind Contributions
- Please contact me about my/our gifts

My Company will match my/our gift Company Name: _____

Payment Options:

 -year pledge:
Initial payment amount: \$ _____ Remaining pledge to begin _____ with balance due by 12/31/20____.

The remainder of my/our commitment will be fulfilled with payments of \$ _____, which will be contributed:
 annually semi-annually quarterly monthly biweekly

Additional Comments: _____

Signature: _____ Date: _____

Contributions to the YMCA, a registered 501(c)(3) nonprofit organization, are TAX DEDUCTIBLE

Please make checks payable to the YMCA of the Okobojis | 1900 41st St., Spirit Lake, IA 51360



Scan to Give Now!

THANK YOU FOR YOUR SUPPORT

