

Montgomery YMCA

Partners With Youth 2009 – Camp Chandler

Donor Information:

Home Phone:
Business Phone:
Cell Phone:
E-Mail:
Member ID:

New Address: _____

New E-Mail: _____
New Phone: _____

Giving History	
Campaign	Amount

Suggested Giving Amount: _____

Campaigner: _____

Pledge Amount: _____

Matching Gift:
Company: _____
Amount: _____

<input type="checkbox"/> Will give	<input type="checkbox"/> Send information
<input type="checkbox"/> Undecided	<input type="checkbox"/> Change e-mail
<input type="checkbox"/> Refused	<input type="checkbox"/> Remove e-mail
<input type="checkbox"/> Remove from mailing list	

Profile:

Suggested Follow-up and Comments:

Partners With Youth 2009 – Camp Chandler



Make checks payable to:

Montgomery YMCA
880 South Lawrence Street
P.O. Box 2336
Montgomery, AL 36102
(334) 269-4362

Member ID:
Home Phone:
Business Phone:

Campaigner:
Total Pledge Amount: _____

Payment Options:
 I wish to pay in full.
 I wish to set up an automatic draft for my payments.
 Don't draft me; please send a reminder for my pledge payments.

Payment Method:
 Credit Card: __ Visa __ MC
Acct #: _____ Exp Date: _____
 Bank Draft (Attach voided check).
 Full Payment Enclosed.

Payment Schedule:
 Weekly Monthly Quarterly
 Semi-Annually Annually
Start Date: _____ End Date: _____
Donor Signature: _____