

# Warren County YMCA

Please Print:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Payment Method

Donation Enclosed

Charge my:

Visa  Mastercard  Amex  Discover

Draft my:

Checking  Savings  Credit/Debit

Please submit full bank/cc information to  
**The Warren County YMCA**

\_\_\_\_\_  
Authorized Donor Signature

## Annual Campaign

Total Gift: \_\_\_\_\_

### Payment Frequency:

\*Pledges must be fulfilled by December 31, 2016

One Time

Monthly

Quarterly

Multi-Year

2016  2017  2018

**The Y. So Much More™**