

Family YMCA of the Desert
Annual Campaign 2019

Thank you
for your support

ID# _____

Full Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____



Desiring to share with others in maintaining and extending vital programs conducted by the Family YMCA of the Desert, I hereby agree to pay the sum of: _____

In Full (Attached)

Monthly Credit Card Charge

Credit Card Type: Amex, Visa, MC, and Discover accepted

Starting Deduction Date: _____

Credit Card No. _____ Exp. Date _____

Donor's Signature _____

Campaigner's Name _____ Date _____

Total Gift
\$

Payment Herewith
\$

Balance Pledged
\$