

I Pledge My Support To South Bay Family YMCA

\$50 \$75 \$100 \$150 \$250 \$500 Other \$ _____

Name: _____

Address: _____

City / State / Zip: _____

Phone: () _____ E-mail: _____

Direct my pledge to the following program: _____

Please send info about including the YMCA in my will.

I Will Pay My Pledge:

Payment in full on: *(date)* _____

Monthly *(total amount divided by 10 months)* Quarterly *(March/June/September/December)*

Credit Card Visa Mastercard Discover

Number: _____ Exp: _____

Ongoing Monthly Debit *(Specify Amount):* \$ _____

South Bay Family YMCA Members have the option of adding a monthly campaign donation deduction to your automatic bank draft fees.

Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: "ATTN: ANNUAL SUPPORT CAMPAIGN"

South Bay Family YMCA 1201 Paseo Magda Chula Vista, CA 91910

Secured by:

Team #:

