



Strong Families Campaign

Letter of Intent Capital Campaign Pledges and Gifts

Receipt Name: _____

Total Pledge Amount: _____ or Recurring Gift Amount: _____

This confirms the investment of \$_____ per year for _____ year(s) beginning in _____ (month/year).

Payment will be made by:

Cash or cheque each year in the month of _____ Remind me one month prior

Credit Card # _____ Exp.: _____ Type of card: _____

Cardholders name: _____

Charge card: monthly _____ semi-annually _____ annually _____

Pre-authorized payment from bank account monthly (void cheque attached):
1st _____ 15th _____

Other _____

I understand I may cancel/adjust this pledge/gift at any time with written notice to the Y.

Acknowledgement:

Please recognize this gift to the Y with the following name(s):

Please recognize this gift as Anonymous

Donor Signature: _____ Date: _____

Mailing Address _____

Ph: (h) _____ (w) _____ (c) _____

Email Address: _____

Y Staff Signature: _____ Date: _____

Please forward to Michelle Northover at address below. Contact 709-726-9622 or mnorthover@ynortheastavalon.com

YMCA-YWCA of Northeast Avalon

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