

You can make a difference!

YMCA
**STRONG
KIDS**
CAMPAIGN

Please give.

Your Gift Improves Lives

\$50 – gives a child three months of swimming

\$100 – enables a youth to experience a week of camp

\$250 – pays for one month of school-age child care for a child in need

\$500 – helps a family participate in Y programs for a full year

\$1000 – provides a full summer of camp for one child



Yes! I want to help the Y build strong kids, strong families and strong communities.

Gift designation - please use my funds:

- To help others participate - Annual Fund
- To support capital projects - Capital Fund
- Where funds are needed most

I'd like to make a monthly gift of:

- \$10 \$15 \$25 Other \$ _____ / Monthly Gift
- Process my payment on the 1st or 15th of each month.

I'd like to make a one-time gift of:

- \$50 \$100 \$250 \$500 \$1000
- Other \$ _____

Name: _____

Phone: _____

Mailing Address _____

Postal Code _____

Email Address _____

Gift Acknowledgment:

I wish my gift to be recognized by the Y as follows:

- Anonymous
- In memory of: _____
- Recognized as: _____

YMCA-YWCA of Northeast Avalon
P.O. Box 21291
St. John's, NL A1A 5G6

Phone: (709) 726-YMCA (9622) ext. 240
Charitable Registration # 108225533RR0001
www.ynortheastavalon.com

Method of payment (choose one):

- Add to my pre-existing monthly membership payment
- Charge my credit card ____ visa ____ mastercard
- Automatic debit from my bank account (void cheque attached)
- Other

Credit Card No. _____

Exp. Date _____ / _____

Cardholder's Name: _____

I understand I may change, pause, or cancel this arrangement at any time by notifying the Y in writing.

Signature: _____

Date: _____

Thank you! A receipt will be issued for all donations of \$10 or more.

- I would like to receive information on planned giving (bequests, life insurance, gifts of securities).

