



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Ohio
2014 Annual Campaign
Consulting Board Commitment

As a Consulting Board Member of the _____ **YMCA,**

I/ we, _____
Name Address City, State, Zip

wish to make a personal gift of: \$500 \$1,000 \$1,500 Delight Us\$ _____

Payment Type:

- Cash (enclosed)
- Check (payable to YMCA of Central Ohio or Branch)
- Reminder Statements
- E- Pay (Credit Card or Bank Draft)
 - Bank Draft (please provide a voided check)
 - Credit Card

Process on the: 5th or 20th

Card Number

□□□□-□□□□-□□□□-□□□□

Exp. Date (MM/YY) ____/____ Security Code ____

Name on CC

CC Billing Address

CC Signature

Payment Schedule:

- Monthly Quarterly
- Semi-Annual Annual One time

Dedication

My gift is made:

- on behalf of in honor of
- in memory of no dedication

Recognition

I wish to be recognized for my gifts as:

- I wish to remain anonymous for my gift.

Matching Gift

You can double the value of your charitable gift through an Employee Matching Gift. Contact your employer's Human Resource Department for details.

In addition to my meaningful gift, I commit to raising charitable dollars for the YMCA that will make an impact in our community.

I will **raise**, \$500 \$1,000 \$1,500 Delight Us\$ _____

My gifts will be secured and returned to the branch by April 30, 2014.

Please return this form by December 1, 2013 to the Annual Campaign Board Division Team Leader or the Board Chair.