



2018 Annual Fund
YMCA of the Greater Twin Cities

Help Support Our YMCA!

To donate online, visit our website at www.ymcamn.org/employeegiving

Name: _____ Employee ID: _____

Branch Name: _____ Today's Date: _____

My Address: _____

Phone: _____
Phone type: Cell Home Work

Email: _____

One-Time Gift

My total gift commitment: \$ _____

Below, please specify payment details for your one-time gift. For payroll deduction, please provide your ID number and note available options.

Sustaining Donor*

Requires credit card information.

I will give \$ _____ each:

Month Quarter Year

* Sustaining gift withdrawal shall remain in effect until donor notifies the Y that they wish to change or end it. The Y provides year-end tax receipts.

Credit Card (processed around the 25th of the month)

Card Type: MasterCard Visa American Express Discover

Credit Card # _____ Exp. Date ____/____/____ CVV _____ Zip _____

Charge now

Charge in month of _____, 2018.

Payroll Deduction

Deduct from my July 6th paycheck (sign up before 6/15/18)

Deduct from my August 3rd paycheck (sign up before 7/13/18)

Please print name as you would like to be acknowledged: _____

I wish to remain anonymous.

Signature: _____