

## PLEDGE FORM

Yes, I wish to support the *Strengthening the Heart of our Community* Capital Campaign.

Mr  Ms  Dr  Mrs

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (home): \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Choose where you would like to direct your pledge:

General Donation  Ruddy Family Centre YMCA-YWCA  Metro Central YMCA-YWCA  Doug and Judi's Y Get Fit Challenge  
*(formerly the Orléans YMCA-YWCA)* Please select one:  Doug  Judi

I wish to make a contribution of \$ \_\_\_\_\_ towards the campaign to be paid as follows:

Monthly installments of \$ \_\_\_\_\_ for  5 years **or** \_\_\_\_\_ years.

Once-a-year donation of \$ \_\_\_\_\_ for  5 years **or** \_\_\_\_\_ years.

One-time donation of \$ \_\_\_\_\_

### Payment options

By cheque (please send annual reminders)

Please make cheque payable to the *National Capital Region YMCA-YWCA*

First installment is enclosed **or**  First installment will be paid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

By pre-authorized debit starting on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

from:  chequing account (a void cheque is attached)

Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

### Recognition

I wish my gift to be recognized as follows: \_\_\_\_\_

I wish my gift to remain anonymous (print or otherwise).

Signature \_\_\_\_\_

Date \_\_\_\_\_

The National Capital Region YMCA-YWCA is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. The information you provide is used by the YMCA-YWCA to assist in the proper administration and acknowledgement of your gift, to issue tax receipts, to keep you informed of our activities and other YMCA-YWCA programs, services and opportunities that may interest and benefit you. We do not rent, sell or trade our donor or mailing lists.

#### National Capital Region YMCA-YWCA

Corporate Office • 180 Argyle Avenue • Ottawa • Ontario • K2P 1B7

tel: 613.237.1320 • fax: 613.788.5022 • www.ymcaywca.ca

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