

Every Gift Counts

The Annual Support Campaign is an investment in the future of hundreds of lives in our community.

Every dollar, every penny of your donation goes directly toward providing programs that are proven to make a difference in people's lives.

\$50

will sponsor one child to attend a summer theme camp, providing an educational opportunity.

\$220

will provide one youth's yearly membership, providing the opportunity to learn and grow with positive influences and role models at the Y.

\$500

will sponsor ten youth to play a team sport, giving them a start in a lifetime of fitness.

Every Gift Counts

The Annual Support Campaign is an investment in the future of hundreds of lives in our community.

Every dollar, every penny of your donation goes directly toward providing programs that are proven to make a difference in people's lives.

\$50

will sponsor one child to attend a summer theme camp, providing an educational opportunity.

\$220

will provide one youth's yearly membership, providing the opportunity to learn and grow with positive influences and role models at the Y.

\$500

will sponsor ten youth to play a team sport, giving them a start in a lifetime of fitness.

Every Gift Counts

The Annual Support Campaign is an investment in the future of hundreds of lives in our community.

Every dollar, every penny of your donation goes directly toward providing programs that are proven to make a difference in people's lives.

\$50

will sponsor one child to attend a summer theme camp, providing an educational opportunity.

\$220

will provide one youth's yearly membership, providing the opportunity to learn and grow with positive influences and role models at the Y.

\$500

will sponsor ten youth to play a team sport, giving them a start in a lifetime of fitness.



YMCA Family Center
 1301 Clairmont Avenue
 Cambridge, Ohio 43725
 Phone: 740-432-4600
 Fax: 740-439-2598

Giving Levels

- | | |
|--|--|
| <input type="checkbox"/> Corporate Leader
\$1,000 & Above | <input type="checkbox"/> Leader
\$500 - \$999 |
| <input type="checkbox"/> Sponsor
\$250 - \$499 | <input type="checkbox"/> Friend
\$100 - \$249 |
| <input type="checkbox"/> Contributor
Up to \$99 | |

All gifts are tax deductible. Thank you for your gift.



YMCA Family Center
 1301 Clairmont Avenue
 Cambridge, Ohio 43725
 Phone: 740-432-4600
 Fax: 740-439-2598

Giving Levels

- | | |
|--|--|
| <input type="checkbox"/> Corporate Leader
\$1,000 & Above | <input type="checkbox"/> Leader
\$500 - \$999 |
| <input type="checkbox"/> Sponsor
\$250 - \$499 | <input type="checkbox"/> Friend
\$100 - \$249 |
| <input type="checkbox"/> Contributor
Up to \$99 | |

All gifts are tax deductible. Thank you for your gift.



YMCA Family Center
 1301 Clairmont Avenue
 Cambridge, Ohio 43725
 Phone: 740-432-4600
 Fax: 740-439-2598

Giving Levels

- | | |
|--|--|
| <input type="checkbox"/> Corporate Leader
\$1,000 & Above | <input type="checkbox"/> Leader
\$500 - \$999 |
| <input type="checkbox"/> Sponsor
\$250 - \$499 | <input type="checkbox"/> Friend
\$100 - \$249 |
| <input type="checkbox"/> Contributor
Up to \$99 | |

All gifts are tax deductible. Thank you for your gift.

Annual Support Campaign Pledge Card

Contact Information:

Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Other Phone _____

Annual Contribution \$ _____ Signature _____

Pledge payable as follows:

(Pledge payments are to be paid in full by December 31, 2011)

Amount Enclosed \$ _____ Balance Due \$ _____

Cash Check Debit Card Visa MasterCard

Credit Card # _____ Exp. Date _____

Bill me one time in the month of _____ Quarterly Semi-Annually

Bank Draft with monthly payments of \$ _____ on the 1st of each month
 (A voided check is needed)

Annual Support Campaign Pledge Card

Contact Information:

Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Other Phone _____

Annual Contribution \$ _____ Signature _____

Pledge payable as follows:

(Pledge payments are to be paid in full by December 31, 2011)

Amount Enclosed \$ _____ Balance Due \$ _____

Cash Check Debit Card Visa MasterCard

Credit Card # _____ Exp. Date _____

Bill me one time in the month of _____ Quarterly Semi-Annually

Bank Draft with monthly payments of \$ _____ on the 1st of each month
 (A voided check is needed)

Annual Support Campaign Pledge Card

Contact Information:

Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Other Phone _____

Annual Contribution \$ _____ Signature _____

Pledge payable as follows:

(Pledge payments are to be paid in full by December 31, 2011)

Amount Enclosed \$ _____ Balance Due \$ _____

Cash Check Debit Card Visa MasterCard

Credit Card # _____ Exp. Date _____

Bill me one time in the month of _____ Quarterly Semi-Annually

Bank Draft with monthly payments of \$ _____ on the 1st of each month
 (A voided check is needed)