



CAPITAL CAMPAIGN PLEDGE FORM

I/We wish to make a gift to the YMCA OF SAN ANGELO Capital Campaign to construct a second location.

I/We commit the following:

Total Amount of Gift: \$ _____
 Initial Payment: \$ _____
 Balance: \$ _____

Payable (check one):* One-time or Over 1 Year 2 Years 3 Years 4 Years 5 Years

Payment Schedule (check one):* Monthly Quarterly Semi-Annually Annually | **Start Date:** ____/____/____

Signature:* _____ **Date:*** ____/____/____

Personal Gift or **Corporate Gift (check one)**

Company/Organization (if appropriate):* _____

Name(s):* _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone: _____ **Email:** _____

For Donor Recognition, I understand my name/company name will be listed as I have written above.*

I wish to remain Anonymous.

My gift is in Honor/Memory of: _____

If your gift is an Honorarium or Memorial, please provide the name and mailing address of the person to be notified.

Name: _____ **Mailing Address:** _____ **City:** _____ **State:** ____ **ZIP:** _____

Please make checks payable to: YMCA OF SAN ANGELO (Memo: Capital Campaign)

Mail: YMCA OF SAN ANGELO, Capital Campaign, 353 S. Randolph St., San Angelo, TX 76903 | **Scan/Email:** aflores@ymcasanangelo.org

Credit Card (check one): **Visa** **Master Card** **Amex**

CC#: _____ **Exp Date:** _____ **CVS#:** _____

Signature: _____ **Email:** _____

Please PRINT NAME: _____ **Date:** ____/____/____

Questions about your pledge? Contact Angel Flores at (325) 655-9106 or aflores@ymcasanangelo.org.

For Office Use Only

Appeal Code: _____ | **Date Pledge Entered:** ____/____/____ | **YMCA Staff Initials:** _____