

2024 Annual Support Campaign



Yes, I would like to provide opportunities to my community.

My Pledge: \$ _____

___ One Time ___ Monthly ___ Quarterly

My pledge will support the (branch and/or program):

My gift is in honor / memory of (circle one):

My gift will be matched by my employer:

___ I have included, or plan to include, the YMCA in my estate plans

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

I will pay my pledge by:

___ Check ___ Card ___ Invoice

I would like to be invoiced on ___/___/___

FOR CARD PAYMENTS

Name on Card: _____

Address: _____

Card Number: _____

Expiration Date: ___/___/___ CVC: _____

Signature: _____ Date: _____

Please send In honor / memory acknowledgment letter to:

Name: _____

Address: _____

Rowan-Cabarrus YMCA | 215 Guffy St, Salisbury, NC 28146

Campaigner: _____ Member ID: _____