



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF UPPER PALMETTO

2024 ANNUAL CAMPAIGN | HERE FOR ALL

Through the generosity of volunteers, donors board and staff, the Y has led the way for our community to come together supporting children, families and seniors. With a gift to our Annual Campaign, you provide a neighbor the chance to renew their strength of mind, body and spirit. By giving, you are making an impact in your community. Thank you for your support.

» DONOR INFORMATION

Legal First and Last Name	Preferred Name	DOB
Address	City, State, ZIP	Phone
Recognition Name (please include Mr., Mrs., Ms., Dr., etc.)	Email	

» GIFT INFORMATION

I pledge \$ _____ (total amount) in 2024 to: (if choosing more than one, please indicate percentage split)

- | | | | |
|--|---|---|--|
| <input type="radio"/> Baxter Close YMCA | <input type="radio"/> Camp Cherokee | <input type="radio"/> Charlotte Avenue YMCA | <input type="radio"/> Clover YMCA |
| <input type="radio"/> CSD Community YMCA | <input type="radio"/> Fort Mill YMCA at the Complex | <input type="radio"/> Gregory Family YMCA | <input type="radio"/> Indian Land YMCA |
| <input type="radio"/> Riverwalk YMCA | <input type="radio"/> Rock Hill Aquatics Center | <input type="radio"/> Wedgewood YMCA | <input type="radio"/> York YMCA |

» MY PAYMENT METHOD

- Cash/Check (Make payable to YMCA of Upper Palmetto)
- Bill Me monthly quarterly one time on the date of _____
- Credit card on file or Contact me for new/updated card information (please include phone number above)
- Draft start date _____ monthly quarterly Annually
- I will give online.

» ADDITIONAL GIFT OPTIONS

- I would like more information about planned giving.
- I would like my gift to be kept anonymous.
- My gift will be matched by (company/organization): _____
- Recognize my gift with the following:
- In Memory Of In Honor Of _____

» DONOR SIGNATURE

Donor Signature	Date
Branch/Campaigner	Pledge Entered By