



ANNUAL SUSTAINING ~ STRONG KID'S CAMPAIGN PLEDGE CARD



Have Questions?
Please Call (850) 314-9622
PLEASE PRINT:

COMPLETE AND REMIT TO: EMERALD COAST YMCA ~ ATTN: ANNUAL SUSTAINING CAMPAIGN FUND
13 MEMORIAL PKWY., SW, SUITE 211; FORT WALTON BEACH, FL 32548

Name of Donor:
Is Gift from A Business?
Mailing Address:
City: State: Zip:
Phone: Cell Phone: Bus Phone:

MY GIFT: \$

Please Designate Branch Below:

- Emerald Coast Fort Walton
Destin Crestview
Walton Niceville

Please check level of giving:

- Chairman's Round Table (\$1,000 & up)
President's Club (\$500 to \$999)
Patron Club (\$250 to \$499)
Century Club (\$100 to \$249)
Partner (up to \$99)

Please do not publish my name as a donor.
Campaigner Name:

Your Gift is Tax-Deductible:
Federal ID# 59-0978077
Please complete back of Pledge Card.



MY PLEDGE PAYMENT PLAN:

ONE TIME PAYMENT OF \$ CASH CHECK CREDIT CARD Payment Date:

If Credit Card - Charge My Contribution to My:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD #: CVV2 Code: EXPIRES: /

Please sign authorization at bottom of card

I CHOOSE TO MAKE PAYMENTS AS INDICATED BELOW:

Send me an invoice in the amount of \$ Starting Month: 20
Quarterly Semi-Annually Other:

Debit my Bank/Credit Card Account as shown below on the 1st or 15th Starting Month: 20
Monthly in the amount of \$ Quarterly in the amount of \$

Type of Account: Checking Savings Visa MasterCard American Express Discover

Bank Name: R/T#: Acct#

Credit Card #: CVV2 Code: Expires: /

I (we) hereby authorize the YMCA of Florida's Emerald Coast, Inc. To initiate debit entries to my (our) bank/credit card account as shown above. I (we) understand the debit will initiate on the 1st of the month. Payments must be completed in a 12 month period. This authority is to remain in effect until the YMCA of Florida's Emerald Coast has received a written notification from me of its termination with a 30 day notice prior to the next draft date.

Authorized Signature: Date: