



San Luis Obispo County YMCA Annual Support Campaign

1020 Southwood Dr., San Luis Obispo, CA 93401
(805) 543-8235 • (805) 543-6202 FAX • www.sloymca.org



We build strong kids, strong families, strong communities

Welcome to the Family

Our Community of Partners Gives Hope for the Future

Sharing, supporting and helping others
are what the San Luis Obispo County
YMCA is all about.

Thank You!

NOTES

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PLEDGE

DONOR NAME			DATE
TOTAL GIFT \$ _____ CIRCLE: HOUSEHOLD OR BUSINESS	AMOUNT ENCLOSED \$ _____	BALANCE PLEDGED \$ _____	THIS PLEDGE WILL BE PAID IN _____ PAYMENT(S)
BILLING INFORMATION		PAYMENT TYPE WILL BE	
<input type="checkbox"/> BILL FOR FULL AMT.	<input type="checkbox"/> BILL QUARTERLY	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD (Visa/MC)
<input type="checkbox"/> PAYMENT ENCLOSED	<input type="checkbox"/> EMAIL	<input type="checkbox"/> CHECK	<input type="checkbox"/> ATS/BANK DRAFT
<input type="checkbox"/> BILL MONTHLY	<input type="checkbox"/> OTHER (Specify)	Credit Card Name Credit Card No Expiration (Bank Draft: enclose a voided check. Specify date to draft: 6th or 20th)	

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Desiring to share with others in maintaining and extending vital programs conducted by our YMCA, I hereby agree to pay the above sum:

Address & Phone _____

E-mail Address _____

Donor's Signature _____ Date _____



Name _____

Thank You!

Total Gift Of: _____ Date _____

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Contributions are deductible for income tax purposes in the manner and to the extent provided by law.

Federal Tax ID: 95-2147727

Receipt