



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Prescott Valley YMCA Campaign Pledge Form

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other (Bus./Home): _____

Email: _____

I/We pledge a total of \$ _____ to the capital campaign for the new Prescott Valley YMCA.

Payment Schedule:

2021: \$ _____

Payment Date: _____

2022: \$ _____

Payment Date: _____

2023: \$ _____

Payment Date: _____

2024: \$ _____

Payment Date: _____

2025: \$ _____

Payment Date: _____

Other Schedule: _____

I would appreciate annual reminders for my pledge (circle one): Yes / No

Please recognize us for our campaign gift as: _____

I/we would like to remain anonymous (circle one): Yes/No

Signature

Date

Full Name

I cannot make a cash gift/pledge at this time, but in support of the mission of the YMCA and the intentions of this campaign, I have made a commitment through my will, and would like to join the YMCA Legacy Society.

The estimated current value of this commitment is \$_____.

Additional details of your gift (optional): _____

YMCA of Yavapai County
c/o James Family YMCA
750 Whipple Street
Prescott, AZ 86301
(928) 445-7221
prescottymca.org



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Better Together: Campaign for Prescott Valley YMCA Campaign Payment Plan Form

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other (Bus./Home): _____

Email: _____

Please indicate the planned payment method for your pledge commitment to the Prescott Valley YMCA:

I/we intend to make annual business/personal/foundation (circle one) payments.

I/we would appreciate annual reminders for my pledge (circle one): Yes / No

Check enclosed (Please make check payable to "Prescott YMCA" for PV Y Campaign)

Please add \$_____ to my monthly YMCA Membership Bank Draft, beginning: ____/____/____.

Please create a \$_____ monthly bank draft, separate from any other YMCA Bank Draft, beginning: ____/____/____.

Please charge my credit card for a one-time gift of \$_____.)

Please charge my credit card monthly/quarterly/annually (circle one) for \$_____, beginning ____/____/____.

Credit Card (circle one): Mastercard Visa Discover AmEx

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder Signature: _____ Date: _____

I am a YMCA employee, please create a Payroll Deduction of \$____ per month/paycheck (circle one) beginning ____/____/____.

Please recognize us for our campaign gift as: _____

I/we would like to remain anonymous (circle one): Yes/No

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