



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:

2024: \$ \_\_\_\_\_

Payment Date: \_\_\_\_\_

2025: \$ \_\_\_\_\_

Payment Date: \_\_\_\_\_

2026: \$ \_\_\_\_\_

Payment Date: \_\_\_\_\_

2027: \$ \_\_\_\_\_

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**