



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Shasta Family YMCA

**STRONG KIDS. STRONG COMMUNITIES.**  
**Annual Campaign**

<b>NAME:</b>												
<b>Address:</b>												
<b>Home Phone:</b>												
<b>Email Address:</b>												
<b>Thank you for thoughtfully considering your contribution to the 2017 Annual Campaign.</b>												
<b>LEADERSHIP GIVING LEVELS</b> Supporters who contribute over one thousand dollars are designated as Chair's Round Table leadership donors.												
Chair's Round Table Levels												
<table><thead><tr><th><u>Total Gift</u></th><th><u>Giving Level</u></th></tr></thead><tbody><tr><td>\$ 10,000</td><td>Platinum</td></tr><tr><td>5,000</td><td>Gold</td></tr><tr><td>2,000</td><td>Silver</td></tr><tr><td>1,500</td><td>Bronze</td></tr><tr><td>1,000</td><td>Benefactor</td></tr></tbody></table>	<u>Total Gift</u>	<u>Giving Level</u>	\$ 10,000	Platinum	5,000	Gold	2,000	Silver	1,500	Bronze	1,000	Benefactor
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Community Giving Levels												
<table><tbody><tr><td>\$ 750</td><td>Sponsor</td></tr><tr><td>500</td><td>Sponsor</td></tr><tr><td>250</td><td>Patron</td></tr></tbody></table>	\$ 750	Sponsor	500	Sponsor	250	Patron						
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250	Patron											

Pledge Amount: \$ _____
Matching Gift: \$ _____
From: _____
<input type="checkbox"/> One time gift in the amount of: _____
<input type="checkbox"/> Recurring gift: \$ _____ each month for _____ months
Payment options:
<input type="checkbox"/> Check/Cash
<input type="checkbox"/> Invoice (Date preferred: _____)
<input type="checkbox"/> Bank Draft
<input type="checkbox"/> Credit (Mastercard or Visa only)
Card number _____
Expiration _____ Verification # _____
Signature _____
Preferred name for recognition: _____ <i>(eg. Jones Family, Tom and Sally Jones, or Mr. Jones).</i>
<input type="checkbox"/> In Memory / In Honor of _____
<input type="checkbox"/> I prefer to be anonymous

**HERE FOR GOOD.**

**SHASTA FAMILY YMCA • 1155 N. COURT ST, REDDING CA 96001**  
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