



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Shasta Family YMCA

STRONG KIDS. STRONG COMMUNITIES.
Annual Campaign

NAME:												
Address:												
Home Phone:												
Email Address:												
Thank you for thoughtfully considering your contribution to the 2017 Annual Campaign.												
LEADERSHIP GIVING LEVELS 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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5,000	Gold											
2,000	Silver											
1,500	Bronze											
1,000	Benefactor											
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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500	Sponsor											
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.

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