



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE Y! FOR A HEALTHY MIND, BODY AND SPIRIT 2021 ANNUAL CAMPAIGN

PLEDGE FORM - YMCA of BUCYRUS-TIFFIN, INC.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Amount of Contribution: \$ _____

Branch: Bucyrus Tiffin

Method of Payment (please check one):

Check enclosed/attached

Pledge(s)

To be paid in _____ installments

(Number)

Dollar amount of each installment \$ _____

ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY (added to membership)

Credit Card

Visa MasterCard Discover

Name on Card:

Account Number: _____ Exp. Date: _____

Signature: _____

Date: _____

**Thank you for supporting your community through the
Y!**