

This donation is made on behalf of Individual Business/Organization

Name for tax receipt _____

Name for recognition _____ I wish to remain anonymous

Address _____

City _____ Postal Code _____

Phone (home) _____ (business) _____ Email _____

1. Total amount of my gift \$ _____ in support of the Kelowna Family YMCA-YWCA Capital Expansion Campaign

2. Payment Options

If you are interested in donating a gift of publically traded securities to the Campaign, please contact Allyson Graf at 250-860-9628 ext 302. It is also possible to arrange gifts of valuable assets to the YMCA-YWCA of the Central Okanagan.

One Time Payment – my total gift is enclosed

Monthly Donor (max 60 months) \$ _____ per month, beginning the 15th of _____ (month) for a total of _____ months

Annual Donor (max 5 years) \$ _____ per year, beginning the 15th of _____ (month/year) for a total of _____ years

3. Payment Method

Cash Cheque enclosed (payable to YMCA-YWCA of the Central Okanagan)

Credit Card Visa Mastercard Name on Card _____

Card No. _____ Expiry Date _____

Pre-Authorized Payment* – Automatic deduction from your bank account on the 15th of each month. Please attach a voided cheque.

Payroll Deduction – for YMCA-YWCA staff ONLY \$ _____ per pay period for _____ periods (max 26 per year)

Please invoice me

I agree to fulfill my pledge and my signature authorizes the YMCA-YWCA to process my donation according to the instructions above.

Signature _____ Date ____/____/____ (mm/dm/yy)

* I may revoke my authorization at any time, subject to providing notice of 30 days from my last scheduled payment date. I also have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. For more information on my rights or to obtain a sample cancellation form I may contact my financial institution or visit www.cdnpay.ca.

imagine building a place where everyone belongs. Thank you for your gift.

Suite 205 – 2000 Enterprise Way, Kelowna, BC V1Y 9S9 t 250.764-9621 ext 303 e sslattery@ymca-ywca.com w www.ymca-ywca.com

For Office Use Only

Donor Relationship: _____ Donor thanked within 48 hours _____ (please initial)

Campaigner Name: _____ Campaign Division: _____

RE Data entry by: _____ Date: _____