

This donation is made on behalf of  Individual  Business/Organization

Name for tax receipt \_\_\_\_\_

Name for recognition \_\_\_\_\_  I wish to remain anonymous

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (b) \_\_\_\_\_ Email \_\_\_\_\_  I wish to go paperless

Branch:  Kelowna Family Y  H<sub>2</sub>O Adventure + Fitness Centre  Y Childcare  Other

**1. My Gift**

Total Gift of \$ \_\_\_\_\_  \$100  \$250  \$500  \$750

With my gift of \$1000 or more, please include me as a member of the Chairs Round Table:  \$1000  \$1500  \$2500  \$5000

I designate my gift to:  YMCA-YWCA Strong Kids Campaign  Kelowna Family Y Capital Campaign  Split my gift

**2. Payment Options**

**One Time** - my total gift is enclosed

**Monthly** (Max 12 months; For long term giving please contact Y Association Services)

\$ \_\_\_\_\_ per month, beginning on the 1st or 15th (circle one) of \_\_\_\_\_ (month) for a total of \_\_\_\_\_ months.

**3. Payment Method**

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

**Credit Card**  **Visa**  **Mastercard**

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Pre-Authorized Payment\*** Automatic deduction from your bank account on the specified day of each month. Attach a voided cheque.

**Please use my membership banking information on file.**

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

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](http://www.cdnpay.ca).

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_/ (mm/dm/yy)

<b>For Office Use Only</b>	
Donor Info: <input type="checkbox"/> Staff <input type="checkbox"/> Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Donor thanked within 48 hours _____ (please initial)
Supporter: _____	RE Data entry by: _____ Date: _____
Campaigner Name: _____	

**Thank you for your donation**