CALIFORNIA YMCA YOUTH & GOVERNMENT 2014 Annual Campaign



DONORS/ORGANIZATION NAME:		CAMPAIGNER NAM	ME:
ORGANIZATION CONTACT:ID # :			
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Address:		<u>Updated donor information:</u> Address:	
Home Phone:			
Cell Phone:		Home Phone:	
Work Phone:		Cell Phone:	
Email:		Work Phone:	
What company do you work for?		Email:	
Do they have a Matching Gifts Program?		What company do you work for?	
		Do they have a Matching Gifts Program?	
Pledge Information:			
My/Our pledge to this campaign is: \$			
Please choose <u>one</u> of the following four payment methods:	Credit Card Number:		
	Name on Card: :		
Bill me/us the entire amount on/ OR Quarterly [Mar, Jun, Sept, Dec]	MastercardVISAAMEXDiscover		
	Expiration Date:/		
OR Monthly [10 payments]	Please charge the card entire pledge amount		
OR Don't bill me, I've already made my pledge online	OR Quarterly [Mar, Jun, Sept, Nov]		
	OR Monthly [10 payments]		
Program History:	Donation History:		Notes:
	<u>Year</u> <u>Pledged</u>	<u>Paid</u>	
	2013		
	2012		
	2011		