



YMCA Calgary
 101 3 Street SW Calgary, AB T2P 4G6
 Phone: 403-237-9622
 Fax: 403-269-4661
 YMCAStrongKids.ca

YMCA Strong Kids Pledge Card

YMCA Campaigner's Name: _____

Your primary YMCA involvement:

- Member Participant Parent of Participant
 Camp Alumni Volunteer FT staff PT staff
 Other: _____

Your YMCA Calgary Branch:

- Association Services Community Crowfoot
 Eau Claire Camp Chief Hector Saddletowne
 Shawnessy South Health Campus

Donor Information

Check one: Mr Mrs Miss Ms Dr

Last Name: _____

First Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

The above address is a: Home Business

Phone: H () Phone: B ()

Email: _____

I work for a company that does corporate matching.

Business Name: _____

Gift Acknowledgement

I wish my gift to be recognized by YMCA with the following name:

I wish my gift to be anonymous.

Please see reverse.

Thank you for your support

Gift Amount

I would like to make a donation of:

\$25 \$100 \$500 \$1000 Other \$ _____

International Option

I wish my gift or portion of my gift to be directed to YMCA Calgary's International Partners:

YMCA Ukraine Amount of gift allocated: _____

YMCA Bogotá, Colombia Amount of gift allocated: _____

Method of Payment

Cash Credit card Cheque Void cheque (monthly only)

Payroll deduction (YMCA Calgary staff only)

Make cheques payable to YMCA Calgary.

Monthly Gift (requires credit card or void cheque)

Monthly gift of \$ _____ for # _____ months
beginning _____ (mm/yy)

Please deduct my gift on the 4th or 17th of each month.

Income tax receipts will be issued for donations of \$20 or more.

Please enclose a cheque marked VOID from the bank account you wish to access or fill out credit card information below.

YMCA Staff Payroll Deduction

\$ _____ per pay for # _____ pays

beginning _____ / _____ / _____ (dd/mm/yy)

Gifts by payroll deduction are receipted on your T4 slip based on contributions received in the calendar year.

Signature: _____

Type name if completing electronically

Date: _____

We respect your privacy. For more information on our privacy policy, please contact us. I understand that I may cancel this authorization at any time with written notice or by contacting Stella Woo 403-781-1694 or swoo@calgary.ymca.ca. I understand I 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Charitable Registration # 11882-4168 RR0001

Fundraising costs are approximately 9.5% and are drawn from YMCA Calgary's operating budget.

Credit Card Payment

Credit card type: VISA MasterCard Amex

Card No: _____ Exp: / /

Name on card: _____

Signature: _____

Type name if completing electronically