



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERETT YMCA CAPITAL PLEDGE

Name: _____

Contact Name (if business): _____

Address: _____

Phone: Home: _____ Business: _____

Cell: Home: _____ Business: _____

Email: Home: _____ Business: _____

I/we commit my/our financial support to the **Everett Capital Project** as indicated below:

Total Gift of \$ _____

My/our intent is to pay this gift as follows over 3 years 5 years Other:

Payment in full attached _____

In one payment on _____

In equal annual payments beginning _____

In two equal semi-annual payments beginning _____

In equal quarterly payments beginning _____

In equal monthly payments beginning _____

Bank Draft (authorization form will be mailed) _____

VISA/MasterCard/American Express _____

Number _____ Expiration Date _____

Other (please specify) _____

Date: _____ Signature: _____

My employer offers a matching gift program & will match this gift.

Employer _____

The YMCA is grateful for your support. If you do not want your name to be listed in our publications, please let us know.

Please indicate below how you would like to be recognized:

Please contact Jennifer Willows at jwillows@ymca-snoco.org, 425 374 5745 with questions. Thank you for your support of the YMCA of Snohomish County's Everett Capital Project.

YMCA OF SNOHOMISH COUNTY

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