



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 YMCA OF THE PIKES PEAK REGION ANNUAL SUPPORT CAMPAIGN
**BUILDING A MOUNTAIN OF
POSSIBILITIES FOR A BETTER US**

2019 TRI-LAKES YMCA ANNUAL SUPPORT COMMUNITY PLEDGE FORM
LEVELS OF GIVING

\$1,000 Gift

Provide 4 teens the tools to reach their full potential by touring colleges and having an experience of a lifetime.

\$500 Gift

Six youth are safe and actively engaged 5 days a week in before and after school care.

\$250 Gift

Six future friends learn sportsmanship and skills with Y sports.

\$100 Gift

Four children of our community can learn to swim and be safe around water.

I PLEDGE

- \$1,000 \$500 \$250
 \$100 Other \$ _____

PLEASE SEND MY GIFT TO

The Tri-Lakes YMCA

Full Name _____

How would you like to be recognized? _____

Gifts of \$100 or more will be listed in our annual report.

I wish to remain anonymous.

Address _____

City _____

State _____ Zip _____

Preferred Phone _____

Email Address _____

Campaigner Name

**I WISH TO UTILIZE THE
COLORADO CHILD CARE
CONTRIBUTION TAX CREDIT**
(minimum gift of \$250)

BUSINESS NAME (if a company gift)

- My company will match my gift
 I'm not sure if my company will match my gift, please look up

PAYMENT OPTIONS

Please check only one of the following:

- My gift is **enclosed** in full amount of \$ _____
 Cash Check
- Please charge my **credit card** \$ _____
 Monthly Quarterly* Once in the month of _____
- I would like to add my gift to my **YMCA Membership** Draft
 One time, **Lump Sum** in the month of _____
 Monthly payments of \$ _____ through December 2019
(Terms & Conditions of the original bank withdrawal agreement apply. Additional funds for the purpose of charitable contribution will only be withdrawn through December 2019.)
- Please send me an **invoice**
 Monthly Quarterly* Once in the month of _____

*Quarterly: March, June, September and December

Please make checks payable to YMCA of the Pikes Peak Region.

CREDIT CARD INFORMATION

Please check only one of the following:

- MasterCard Visa Discover AMEX

Name on Card _____

Account Number _____

Expiration Date _____ V-code _____

My address for this card is the same as above.

If not, please list below.

Card Address _____

Signature _____ Date _____

IT IS MY INTENT TO PAY THIS GIFT BY ONE OF THE FOLLOWING OPTIONS

*It is requested that gifts be paid in full by December 31, 2019

Signature _____ **Date** _____



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TRI-LAKES
YMCA

OUR GOAL

To ensure all youth, individuals and families in our community have programs to help with their success, safety, education and well-being.



FOCUS AREA #1 HIGH SCHOOL TEENS IN OUR COMMUNITY

Need: We want for the High School teens in our community to participate in RAD (Real Alternatives to Drugs and Drinking) so that they can have a safe, sober and fun place to hang out on Friday nights.

We believe that every High School teen deserves access to a safe space for them to socialize in a fun, safe and sober location.

Our Vision

- RAD events are put on by students, for students, and are a way for high school students to have fun on Friday nights.
- Every Friday night, 8:30-11:30 pm, the Tri-Lakes Y will host anywhere from 200-400 high school students.
- This is a free program that provides a safe space for teens to socialize in a fun, safe and sober location.

FOCUS AREA #2: MIDDLE SCHOOL CHILDREN IN OUR COMMUNITY

Need: We want for every middle school student in District 38 to have the opportunity to participate in the Middle School Initiative program that includes a Y membership and after school programming.

We believe that the Middle School Initiative Program connects youth to fun, healthy experiences after school.

Our Vision

- Students receive a free one-year Y membership to explore healthy activities and games, socialize with friends and enjoy new experiences while building confidence and self-esteem.
- Inspire youth to discover their passions, develop a healthy lifestyle, and gain the assets needed to avoid risky behaviors in order to succeed in school and life.
- We want every kid at some time in their life to experience the Y and be a part of their Y story.

FOCUS AREA #3: CANCER SURVIVORS AND THEIR FAMILIES

Need: To provide LIVESTRONG® at the YMCA, a program for those who are living with, through, or beyond cancer a place to strengthen their spirit, mind and body.

We believe in offering this program for cancer survivors to help them ease back into fitness, regain their confidence and providing a place for their families.

Our Vision

- To provide LIVESTRONG at the YMCA, a 12-week program for participants to heal and reclaim their health at no cost to the participant.
- Survivors and their families receive a membership at the YMCA for the duration of the program.
- To have trained instructors in cancer survivorship, post-rehabilitation exercise and supportive cancer care.



ppymca.org/donate

2018-2019
Annual Support Campaign
YMCA OF THE PIKES PEAK REGION