



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2022 YMCA OF THE PIKES PEAK REGION ANNUAL SUPPORT CAMPAIGN

## 2022 ANNUAL SUPPORT COMMUNITY PLEDGE FORM

### I PLEDGE

- \$1,000   
  \$500   
  \$250   
  \$100   
  Other \$ \_\_\_\_\_
- I WISH TO UTILIZE THE COLORADO CHILD CARE CONTRIBUTION TAX CREDIT**  
 (minimum gift of \$250)

Your Name \_\_\_\_\_

This is a donation from a company or business  
**BUSINESS NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How would you like to be recognized? \_\_\_\_\_

I wish to remain anonymous.

**Campaigner Name** \_\_\_\_\_

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**PLEASE SEND MY GIFT TO**

Branch: \_\_\_\_\_

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My employer will match my gift  
**EMPLOYER NAME** \_\_\_\_\_

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

### PAYMENT OPTIONS

Please check one of the four following options.

**Option 1:** Payment **Enclosed** in full amount of \$ \_\_\_\_\_  
 Cash     Check

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

**Completed pledge forms and payments can be sent to:**  
YMCA of the Pikes Peak Region  
207 North Nevada Avenue  
Colorado Springs, CO 80903

**Option 2:** Add to my **YMCA Membership Draft**

One time, **Lump Sum** in the month of \_\_\_\_\_

**Monthly** payments of \$ \_\_\_\_\_ through December 2022

(Terms & Conditions of the original bank withdrawal agreement apply. Additional funds for the purpose of charitable contribution will only be withdrawn through December 2022.)

**Option 3:** Send an invoice in the amount of \$ \_\_\_\_\_

Monthly  
 Quarterly\*  
 Once in the month of \_\_\_\_\_

\*Quarterly: March, June, September and December

**Option 4:** Please charge my **credit card** \$ \_\_\_\_\_

Monthly     Quarterly\*     Once in the month of \_\_\_\_\_

Please check only one of the following:   
 MasterCard   
 Visa   
 Discover   
 AMEX

Name on Card \_\_\_\_\_     My address for this card is the same as above. If not, please list below.

Account Number \_\_\_\_\_    Card Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Quarterly: March, June, September and December

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

\*It is requested that gifts be paid in full by December 31, 2022

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_