

Step 1

I PLEDGE TO SUPPORT THE COLORADO SPRINGS SENIOR CENTER WITH A GIFT OF

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

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

☐ MY EMPLOYER WILL MATCH MY GIFT Employer Name _____

Step 2

YOUR CONTACT INFORMATION AND RECOGNITION PREFERENCES

Your Name _____

☐ This is a gift from the following business _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email Address _____

Would you like to be recognized or remain anonymous? ☐ Remain anonymous _____

☐ Be recognized as: _____

My gift is ☐ in honor of ☐ in memory of the following individual: _____

Step 3

PLEASE SELECT YOUR PAYMENT METHOD

☐ **Option 1: Full payment** enclosed via cash or check made out to the YMCA of the Pikes Peak Region
Checks can be mailed to: YMCA of the Pikes Peak Region, Attn: Mission Advancement Office, 207 N Nevada Ave, Colorado Springs, CO 80903

☐ **Option 2: Pay online** at ppymca.org/give

☐ **Option 3: Send me an invoice** for \$ _____

☐ Monthly ☐ Quarterly* ☐ Once in _____ (Month)

☐ **Option 4: Please charge my credit card**

☐ Monthly ☐ Quarterly* ☐ Once in _____ (Month) for \$ _____

Name on card _____ ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX Credit Card

Account # _____ Exp _____ CVV _____ Billing address (if different from above address) _____

* Quarterly invoices and credit card payments will be process on the first day of the months of March, June, September and December.

Step 4

It is my intent to pay this gift as outlined above

*It is requested that gifts be paid in full by December 31, 2025

Signature _____ Date _____

STAFF USE ONLY

Pledge Taken _____