



# San Luis Obispo County YMCA Annual Support Campaign

1020 Southwood Dr., San Luis Obispo, CA 93401  
(805) 543-8235 • (805) 543-6202 FAX • www.sloymca.org

NOTES

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## PLEDGE

DONOR NAME		CAMPAIGNER NAME		DATE
TOTAL GIFT \$ _____ CIRCLE: HOUSEHOLD OR BUSINESS	AMOUNT ENCLOSED \$ _____	BALANCE PLEDGED \$ _____	THIS PLEDGE WILL BE PAID IN _____ PAYMENT(S)	
<b>BILLING INFORMATION</b> <input type="checkbox"/> BILL FOR FULL AMT. <input type="checkbox"/> BILL QUARTERLY <input type="checkbox"/> PAYMENT ENCLOSED <input type="checkbox"/> EMAIL <input type="checkbox"/> BILL MONTHLY <input type="checkbox"/> OTHER (Specify)		<b>PAYMENT TYPE WILL BE</b> <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD (Visa/MC)    Credit Card Name _____ <input type="checkbox"/> CHECK <input type="checkbox"/> ATS/BANK DRAFT    Credit Card No _____ (Bank Draft: enclose a voided check.    Expiration _____ Specify date to draft: 6th or 20th)		

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## TURNDOWN/NO CONTACT

CAMPAIGNER: Please complete and return this form to YMCA whenever no contact is made or no contribution is secured.

<b>TURNDOWN</b> <input type="checkbox"/> Financial Problems <input type="checkbox"/> Still paying previous pledge <input type="checkbox"/> No longer in Y program <input type="checkbox"/> Upset with YMCA <input type="checkbox"/> Giving elsewhere <input type="checkbox"/> Other (explain) _____ _____	<b>NO CONTACT</b> <input type="checkbox"/> Wrong Address. Present address unknown _____ <input type="checkbox"/> Moved. New address _____ <input type="checkbox"/> Wrong phone number _____ <input type="checkbox"/> Unable to make contact. Reason: _____ <input type="checkbox"/> Out of city. Date expected to return: _____ <input type="checkbox"/> Contact later (date): _____ <input type="checkbox"/> Suggestion _____
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Desiring to share with others in maintaining and extending vital programs conducted by our YMCA, I hereby agree to pay the above sum:

Address & Phone (same as on other side?) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_



Name \_\_\_\_\_

*Thank You!*

Total Gift Of: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Campaigner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Contributions are deductible for income tax purposes in the manner and to the extent provided by law.

Federal Tax ID: 95-2147727

Receipt