



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TOGETHER WE CAN CREATE A BETTER US 2017 STRONG KIDS SCHOLARSHIP FUND PLEDGE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Strong Kids is an annual campaign. All payments and pledges must be made by December 31, 2017.

Check one:

- Personal Gift
- Company Gift  
Company Name \_\_\_\_\_

Check one - Method of Payment:

- Enclosed is my check payable to the YMCA
- Please charge my \_\_Visa \_\_MC \_\_Discover  
Account # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_

Please bill in \_\_\_\_\_(month)

Please bill for full amount now.

Please add \$\_\_\_\_\_ to my monthly bank draft (July, Aug., Sept., Oct., Nov., Dec.)

Signature \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Enrolled By \_\_\_\_\_

<u>Level</u> (recognition begins at \$150)		<u>Amount</u>
\$150-\$249	Century Club	\$ _____
\$250-\$499	Patron	\$ _____
\$500-\$999	Youth Sponsor	\$ _____
\$1,000-\$2,499	Chairman's Roundtable	\$ _____
\$2,500-\$4,999	Chairman's Forum	\$ _____
\$5,000+	Chairman's Leader	\$ _____
	Other	\$ _____

In addition, I would like to sponsor a youth for:  
(Indicate how many youth you wish to sponsor)

- \_\_\_ x 1 Youth Membership (\$150) = \$ \_\_\_\_\_
- \_\_\_ x 1 Week of summer camp (\$100) = \$ \_\_\_\_\_
- \_\_\_ x Swim lesson for 2 kids (\$50) = \$ \_\_\_\_\_

**Total Contribution** \$ \_\_\_\_\_

Do you have us in your will? Secure the future of the Y for generations to come.

Donors who give \$150+ are entitled to receive a personal plaque, have their name on the donor boards at each branch and an invitation to the recognition dinner on June 27, 2017, at Island Bay Yacht Club.

\_\_\_ No personal plaque because I already have one or do not want one.

\_\_\_ I would like a personal plaque. Enter the name as you would like it to appear. (Example: Mr. & Mrs. John Doe, John Doe, Jane & John Doe and family, In Memory of) \_\_\_\_\_

\*\*If you already have a plaque, an annual recognition bar or tab will be mailed to you to add to your existing plaque.

\_\_\_ I do not want my name on the donor wall at both facilities.

\_\_\_ I would like my name on the donor wall at both facilities. Enter the name as you would like it to appear. (Example: Mr. & Mrs. John Doe, John Doe, Jane & John Doe and family, In Memory of) \_\_\_\_\_

**Mail pledge or donation to: Springfield YMCA Strong Kids, P. O. Box 155, Springfield, IL 62705**

**For more information:** Lynn Eck, [Leck@springfieldymca.org](mailto:Leck@springfieldymca.org), 544-9846, ext. 116