



Kandiyohi County Area Family YMCA 2024 Annual Partners Campaign Pledge Card

Name _____

And/or Business _____

Address _____

City, Zip _____

Phone # _____

E-mail _____

Pledge amount (Check one)

- \$50
- \$100
- \$250
- \$500
- \$1000
- \$1500*
- \$5000*
- Other _____

*A donation of \$1500 or more qualifies you for a recognition banner in the gym.

I would like my pledge to go to (Check one):

- Area of greatest need
- Scholarships for those who cannot otherwise afford to participate at the Y
- General Operations
- Programs (such as Water Safety, Youth Sports, Childcare, ForeverWell for ages 55+, Blood Pressure Self-Monitoring Program)

(Check one)

- Pledge payment included
- or
- Please bill me

_____ Yes, I would like to make this a re-occurring pledge.

- 5 years, with last pledge in 2028
 - 4 years, with last pledge in 2027
 - 3 years, with last pledge in 2026
- (if applicable, please check yes, and check one box)

Date _____

Signature _____

Name _____

Print your name as you would like it to appear in publications or on a banner.

The Y. For a better us