



STRONG COMMUNITIES THRIVE TOGETHER

PLEDGE CARD

2024
ANNUAL CAMPAIGN

Name: _____ Campaigner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Donor Recognition: _____ I want my gift to be anonymous
How would you like your donation to be recognized? (ex. John Smith, John & Kate Smith, The Smith Family, etc.)

DONATION OPTIONS

DONATION

I pledge a one-time gift amount \$ _____

I pledge a monthly gift of \$ _____

TOTAL: \$ _____

PAYMENT OPTIONS

Check # _____ (please make payable to YMCA of Greater Nashua)

Credit Card Name on CC: _____

CC#: _____

Exp: _____ / _____ CVV Code: _____

Invoice me in _____ (month) one time quarterly semi-annually

IF YOU GIVE...

\$10 / MONTH

Can save a life by teaching a child water safety and swimming skills in our Safety Around Water program.

\$20 / MONTH

Provides a child with the magical experience of a week at Camp Sargent.

\$50 / MONTH

Offers a cancer survivor the opportunity to reclaim their health before, during and after treatment through Livestrong at the YMCA.

Signature: _____ Date: _____

YMCA OF GREATER NASHUA

10 Cotton Road, Nashua, NH 03063 | www.nmymca.org | Tax ID 02-022222

THANK YOU FOR
YOUR SUPPORT