



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Through the Annual Campaign, we are able to provide Financial Assistance to children, adults, and families who need it most.

Please designate my donation to the following location(s):

- Camp Double Eagle**
W36558661 Hwy 67
Eagle, WI 53119
262-542-2557
- Mukwonago YMCA**
245 E Wolf Run
Mukwonago, WI 53149
262-363-7950
- Southwest YMCA**
11311 W Howard Ave
Greenfield, WI 53228
414-546-9622
- Tri County YMCA**
N84W17501 Menomonee Ave
Menomonee Falls, WI 53051
262-255-9622
- Waukesha YMCA**
320 E Broadway
Waukesha, WI 53186
262-542-2557
- West Suburban YMCA**
2420 N 124th Steet
Wauwatosa, WI 53226
414-302-9622
- Y Children's Academy**
100 E Broadway
Waukesha, WI 53186
262-522-4977

OPTIONAL

Please designate my donation to the following program:

MAKING A DIFFERENCE BECAUSE OF YOU

ANNUAL GIVING CAMPAIGN YMCA OF GREATER WAUKESHA COUNTY

PLEASE ACCEPT MY/OUR GIFT OF:

- \$1,000 \$500 \$250 \$100
 \$50 \$10 Other _____

DONOR INFORMATION:

Donor Name(s) _____

Recognition Name(s) for publication _____

Address _____

City, State, Zip _____

Phone _____ Email _____

This pledge is in honor of _____

This pledge is in memory of _____

Campaigner _____

- Thank you for asking me to support the Annual Campaign. Please contact me next year.
- I am interested in learning more about how I can help raise dollars for the Annual Campaign.
- I am interested in learning about how I can help the YMCA of Greater Waukesha County through volunteering initiatives.

PAYMENT OPTIONS:

- One-time payment now of \$ _____
 - Check attached Credit Card (fill out credit card information below)
- Please bill me on or before ____/____/____ for a one-time gift
- In payments of \$ _____, beginning ____/____/____ until my pledge is fulfilled, made
 - Monthly Quarterly Semi-Annually
 - Please add my monthly gift payment to my existing Y Membership Draft
 - Monthly credit card draft (fill out credit card information below)

CREDIT CARD INFORMATION (for one time or recurring payments):

- American Express Discover MasterCard Visa

Card Number _____ Exp ____/____ Security Code _____

Name on Card _____

Billing Address (if different than street address) _____

City, State, Zip _____

Signature Authorizing Payment Method _____ Date _____

PLEASE RETURN FORM TO: YMCA of Greater Waukesha County c/o Kristen Stoll
11311 W. Howard Avenue, Greenfield, WI 53228

FOR MORE INFO: Kristen Stoll, Development Director, kstoll@gwcyymca.org or 414-329-3851

TO DONATE ONLINE: GWCYMCA.ORG/DONATE

The Y.™ FOR A BETTER US.™