



TRIANGLE SOCIETY  
YMCA OF GREATER ROCHESTER

CREATING  
COMMUNITY

IT TAKES  
YOU

**DONOR INFORMATION**

Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you?  Phone  Mail  Email

**LEVELS OF GIVING** (Paid over three years)

- Visionaries \$100,000+
- Trustees \$50,000-\$99,999
- Founders \$25,000-\$49,999
- Benefactors \$15,000-\$24,999
- Patrons \$10,000-\$14,999
- Fellows \$5,000-\$9,999

Location(s): \_\_\_\_\_

**CHOOSE ONE:**

- Please split my gift evenly over three years.
- Please list specific dollar amount you would like to be billed for each year:  
Year 1: \_\_\_\_\_  
Year 2: \_\_\_\_\_  
Year 3: \_\_\_\_\_

**PLEDGE INFORMATION**

Total Pledge Amount: \_\_\_\_\_

Please bill me (choose one): **Annually** **Monthly** (Beginning on: \_\_\_\_\_)

Method of Payment (choose one): **Cash** **Check** **Credit Card** (Visit [rochesterymca.org/donate](http://rochesterymca.org/donate) to pay by credit card)

Matching Gift Information: **Form Enclosed** **Form to be Sent**

**RECOGNITION INFORMATION**

Please use the following name(s) in all acknowledgments: \_\_\_\_\_

This gift is in honor/memory of: \_\_\_\_\_

I (we) wish for this gift to remain anonymous.

\_\_\_\_\_  
Donor(s) Signature

\_\_\_\_\_  
Date

**THANK YOU!**

Please return this form to Andrew Powers at the YMCA of Greater Rochester, 444 East Main St, Rochester NY, 14604