



TRIANGLE SOCIETY
YMCA OF GREATER ROCHESTER

BECAUSE OF
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 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