

# Colleague GIVING CAMPAIGN



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## EMPLOYEE INFORMATION (please print legibly)

Name \_\_\_\_\_

Branch \_\_\_\_\_ EmployeeID# \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YES, I will contribute to the 2023 Annual Campaign.**

**Total Pledge: \$** \_\_\_\_\_

I would like to designate my gift to the following branch: \*\*If you choose to split your gift between branches, please indicate amount or percentage next to each branch\*\*

Association Offices \_\_\_\_  East Hartford \_\_\_\_  Hale \_\_\_\_  West Hartford \_\_\_\_

Camp Jewell \_\_\_\_  Farmington Valley \_\_\_\_  Indian Valley \_\_\_\_  Wheeler \_\_\_\_

Camp Woodstock \_\_\_\_  Glastonbury \_\_\_\_  Tri-Town \_\_\_\_  Wilson-Gray \_\_\_\_

Downtown \_\_\_\_

**Pay now:**

Cash  Check # \_\_\_\_\_  Credit Card (info to be filled out below)

## PAYMENTS BY:

**Payroll Deduction:**

Bi-weekly: Pay Date Start: \_\_\_\_\_ Pay Date End: \_\_\_\_\_ Number of pay periods: \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

One-time deduction on \_\_\_\_\_, 2023

**Credit Card:**

One-time payment on \_\_\_\_\_, 2023

Recurring of \$ \_\_\_\_\_/month for \_\_\_\_\_ months starting on \_\_\_\_\_, 2023

## Credit Card Information:

Visa  MasterCard  Amex  Discover

Card Number: \_\_\_\_\_ XXXX XXXX \_\_\_\_\_ Exp Date: \_\_\_\_\_

FIRST 4 DIGITS

LAST 4 DIGITS

(If your credit card is not in our files, someone from our business office will contact you for the remainder of your credit card information)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The YMCA will pay my gift using the credit card indicated above and according to the payment schedule I have chosen.

**THANK YOU FOR YOUR SUPPORT!**

Please return this form to your branch Business Manager. Please retain a copy for your records.

YMCA OF GREATER HARTFORD • 50 STATE HOUSE SQUARE, 2ND FLOOR • HARTFORD, CT 06103