

**YMCA OF HONOLULU  
"REACHING FOR TOMORROW"  
CAPITAL CAMPAIGN**

Branch Affiliation \_\_\_\_\_  
Campaigner \_\_\_\_\_

Individ.  Fdn.  Bus/Corp.  Org

**Donor Information**

Name(s) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

To assist the YMCA of Honolulu with the expansion of YMCA programs and facilities, and in consideration of the gifts of others, I/we \_\_\_\_\_

(print name(s) as you wish to appear on record)

pledge a total gift of \$ \_\_\_\_\_. An initial payment of \$ \_\_\_\_\_ is enclosed, balance due is \$ \_\_\_\_\_.

*(Make checks payable to YMCA of Honolulu)*

**METHOD OF PAYMENT (Please complete sections A, B & C and sign below.)**

**A) I/We choose to pay my/our pledge balance:**

- This year in the month(s) of \_\_\_\_\_  
 Over 2 years  Over 3 years  Over 4 years  Over 5 years

**B) My/Our payment preference is to pay:**

- Annually in the month of \_\_\_\_\_  
 Semiannually in the months of \_\_\_\_\_ and \_\_\_\_\_  
 Quarterly, to be billed in March, June, September and December  
 Other \_\_\_\_\_

**I/we would like my/our payments to start on (month/year) \_\_\_\_\_**

**C) My/Our method of payment for my/our pledge balance will be:**

- Please bill me/us  
 Credit card:  MC  Visa  AMEX  
Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_  
Account in name of: \_\_\_\_\_  
 Automatic Transfer of \$ \_\_\_\_\_ per month from my:  Checking  Savings  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account in name of: \_\_\_\_\_  
*(Please attach voided check for automatic transfer)*

_____ Authorized Signature(s)	_____ Date
----------------------------------	---------------

Designation opportunity selected (if any): \_\_\_\_\_

Additional instructions: \_\_\_\_\_

**A COPY OF THIS FORM WILL BE ENCLOSED WITH YOUR ACKNOWLEDGMENT LETTER**