

PLEDGE FORM

together we will do so much more **YMCA CAMP CONISTON**

In order for YMCA Camp Coniston to understand your intentions please provide us with the following information.

Total Pledge Amount: _____

When would you like to give: ☐ One Time Gift ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ Other: _____

Would you like a payment reminder? ☐ Quarterly ☐ Yearly ☐ Other: _____

CONTACT INFORMATION

Full Name: _____ Spouse/Partner: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone (☐ Home ☐ Cell ☐ Work): _____

Home Email: _____ Work Email: _____

We would like to recognize you in Coniston publications. How would you like your name/s listed?

_____ OR ☐ Anonymous

Gift in Honor/Memory: _____

Signature

Date