

# PLEDGE FORM

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

## CAMPAIGN PLEDGE AGREEMENT

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

Pledge Terms:  One Time Gift  2 Years  3 Years  4 Years  5 Years  Other: \_\_\_\_\_

Send Reminders:  Quarterly  Yearly  Other: \_\_\_\_\_

## MY 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?

Gift in Honor/Memory: \_\_\_\_\_

Signature

Date