



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Grand Traverse Bay YMCA
Invest in Youth Appeal
DONATION FORM**

Yes, I want to Invest in Youth by donating the following:

- \$ 10,000 \$5,000 \$1,000 \$500 \$250 \$100 Other _____
- Please direct my gift to the greatest need.
 Please direct my gift to the general scholarship program.
 Please direct my gift to the following program:

- | | | | | |
|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Military Scholarships | <input type="checkbox"/> Soccer | <input type="checkbox"/> Youth Membership |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Pop Warner | <input type="checkbox"/> Pee Wee Sports | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Family Membership |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Family Programs | <input type="checkbox"/> Softball | <input type="checkbox"/> Sr. Membership |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Tennis | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Other of our 65 programs _____ | |

Please talk to me about leaving a bequest, estate or planned gift to the Grand Traverse Bay Young Men's Christian Association (YMCA).

Donation Payment Information:

Please charge my Visa MasterCard

Card # : _____

Exp. Date: _____

Signature: _____

(If you would prefer; call 933-YMCA (9622) to provide card information via telephone.)

To donate by check please make payable to: Grand Traverse Bay YMCA

Please do not publish my name as a contributor.

I have access to matching funds and will send more information.

Name(s) _____

Address _____

City State Zip Code _____

Daytime phone _____ Birthday(s) _____

Preferred email _____

More information about Y programs at:
www.gtbayymca.org | 933-YMCA (9622) | info@gtbayymca.org