

# Annual Campaign Pledge Card 2018

Name : \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email : \_\_\_\_\_ Phone: \_\_\_\_\_

## How you can make a difference:

- ⇒ \$1600 Enables a child to learn new skills and develop friendships at Camp Marland for the entire 10-week program
- ⇒ \$750 Provides a family with a YMCA membership for a full year and access to family friendly programs
- ⇒ \$350 Helps a young adult experience a sense of belonging as a member of the YMCA for a year
- ⇒ \$160 Enables a child to participate in one week of activities at Camp Marland enjoying a fun-filled outdoor experience
- ⇒ \$30 Allows a child to build self-confidence and overcome fears by learning to swim at the Y

Yes, I would like to make a difference by donating \$ \_\_\_\_\_.

<input type="checkbox"/> Payment in full:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check (payable to Sanford-Springvale YMCA)	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MC	# _____	Exp. ____/____.
	<input type="checkbox"/> Amex <input type="checkbox"/> Disc		

- Please contact me to set up an Auto Draft Schedule.
- For Online Giving, please visit [www.sanfordymca.org](http://www.sanfordymca.org)
- I'd like to pay over the phone at 207-324-4942
- Please send me an invoice.

Donor Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_.

We appreciate your prompt return of your pledge card to: Sanford-Springvale YMCA, PO BOX 249, Sanford ME 04073

- LEVELS OF GIVING:**
- |   |  |
|---|--|
| <b>C. James Colville Society</b> (over \$1,000) | <b>Chairman's Circle</b> (\$500-\$999) |
| <b>Ambassador</b> (\$101 - \$499)               | <b>Friend</b> (under \$100)            |

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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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