

YMCA DAY OF GIVING



SOUTH SHORE YMCA CAMP BURGESS & HAYWARD 2021

DONOR INFORMATION

CONTACT NAME _____ DOB FOR ACCOUNT TRACKING _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

1. **YES**, I/we want to support the South Shore YMCA Camp Burgess & Hayward by making the following

MONTHLY DRAFT

Charge my card/account below monthly until I cancel

\$15 \$10 \$5 Other Amount \$ _____

ONE TIME GIFT

I wish to make the following pledge:

\$ _____

2. PAYMENT OPTIONS

ACCOUNT ON FILE ENDING IN _____

CASH

CHECK payable to South Shore YMCA

DONOR ADVISED FUNDS

CREDIT CARD # _____

EXP _____

/

CVC _____

CHECKING ACCOUNT

ROUTING # _____

ACCOUNT # _____

3. **GIFT ACKNOWLEDGEMENT** | Please record this gift in all publications as a tax-deductible donation from:

NAME _____ ANONYMOUS

4. SIGNATURE

DATE _____ / _____ / _____

THANK YOU FOR YOUR SUPPORT!

Please return this card to:

SOUTH SHORE YMCA

Development Department, 75 Mill Street, Hanover, MA 02339

FOR INTERNAL USE ONLY

Y BRANCH	CAMP BURGESS & HAYWARD		CAMPAIGNER			
SOURCE	CAMP DAY OF GIVING	DEV DATE	DEV INITIALS	FINANCE DATE		FINANCE INITIALS