



YOUR Y. OUR MISSION. ONE COMMUNITY.

CARLISLE FAMILY YMCA

2025 Annual Campaign Board Pledge Form

CARLISLE FAMILY YMCA ANNUAL GIVING CAMPAIGN 2025 PLEDGE

I wish to make a gift to the Annual Campaign to help the Y continue to provide programs and services to those in our community who need them most.

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone (if different): _____

Email: _____

PLEDGE AMOUNT:

☐ \$500 ☐ \$1,200 ☐ \$2,500 ☐ \$5,000 ☐ Other _____

I (we) pledge the amount above to the Carlisle Family YMCA Annual Campaign.

MATCHING GIFTS:

My gift will be matched by: _____

☐ Form enclosed ☐ Will forward form to the YMCA

PAYMENT TIMELINE:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Start date: _____ End date: _____

If making monthly payments:

Please schedule _____ payments for \$_____ each on the _____ of each month

PAYMENT METHOD:

☐ Online (payments can be made at <https://carlislefamilyymca.org/donate/>)

☐ Check or electronic checking (make payable to Carlisle Family YMCA)

RECOGNITION:

☐ I wish this gift to be anonymous

☐ Please recognize my donation on the Scroll of Honor exactly as follows:

Donor Signature: _____ Date: _____