



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TAKING THE PLUNGE

**CARLISLE FAMILY YMCA
AQUATIC CENTER
PLEDGE FORM**



PLEASE COMPLETE AND RETURN TO:

**Carlisle Family YMCA
Attn: Aquatic Center Campaign
311 S West Street, Carlisle PA 17013**

NOTE: Donations are tax deductible to the extent allowed by the law. Deductibility of your contribution should be referred to your tax advisor. The official registration and financial information of the Carlisle Family YMCA may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement. Financial reports are available at carlislefamilyymca.org.

TAKING THE PLUNGE

CATEGORY

- Naming Opportunity _____
- Sponsorship / Year(s) _____ / _____
- Donation

ONE TIME GIFT

- I am making a one-time donation to the Carlisle Family YMCA in the amount of \$ _____.
- Enclosed is my check. (Make check or money order payable to Carlisle Family YMCA.)
- Charge my account:
- VISA Mastercard American Express Discover
- Name on card _____
- Acct. Number _____
- Exp. Date _____ Security Code _____

OR

THREE-YEAR PLEDGE

(option for pledges of \$1,000+)

- My total pledge is \$ _____.
- Please invoice me:
- Monthly Quarterly Annually
beginning ____ / ____ (month/year)

Name _____

Company (if applicable) _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Name to appear in recognition:

- I/we wish to remain anonymous

Signature _____

Date _____