FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE Y IS WHERE COMMUNITY THRIVES

Staff Pledge Form – YMCA OF GREATER SEATTLE

STAFF INFORMATION

NAME:		BRANCH:	
ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	BUSINESS PHONE:	
EMAIL:			
CONTACT NOTES:			

COMMUNICATION PREFERENCES: ☐ EMAIL ☐ PHONE ☐ MAIL

☐ This gift is anonymous ☐ I am interested in leaving a gift to the Y in my will

PLEDGE INFORMATION – BILL ME

***Please note that annual pledges must be paid off by end of year**

One-Time ☐ OR Installments ☐

PLEDGE AMOUNT:

Payment Month: 2021

Installment amount: $

Per Month: ☐ Per Quarter: ☐ Bi-Annual: (Twice per year) ☐

Other: (please specify)

Start Date: 1st of

PLEDGE INFORMATION – PAYROLL DEDUCTION

Payroll Deduction: ☐

Total Pledge Amount: (Divided amongst all remaining pay periods) $

OR

$ per pay period

for # pay periods:

One-Time Payroll Payment: $

***Please note that annual pledges must be paid off by end of year**

DESIGNATION/NOTES

Greatest Need: ☐ or My Branch: or Other:

Solicitor Name or Y Connection:

NOTES