



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CREATING COMMUNITIES WE ALL WANT TO LIVE IN

## STAFF PLEDGE FORM

YMCA of Greater Seattle

### DONOR INFORMATION

NAME:		BRANCH OR COE:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:		CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
EMAIL:			
COMMUNICATION PREFERENCES: EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> TEXT MESSAGE <input type="checkbox"/>			

### PLEDGE INFORMATION: PAYROLL DEDUCTION (TWO OPTIONS)

OPTION #1: PAYROLL DEDUCTION (TWO METHODS OF PAYROLL DEDUCTION BELOW)

TOTAL PLEDGE AMOUNT (DIVIDED AMONGST ALL REMAINING PAY PERIODS): \$ _____	TOTAL PLEDGE AMOUNT (PER PAY PERIOD FOR SPECIFIED AMOUNT OF PAY PERIODS): OR \$ _____ PER PAY PERIOD   _____ # OF PAY PERIODS   TOTAL AMOUNT \$ _____
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OPTION #2: ONE-TIME PAYROLL PAYMENT

\$ \_\_\_\_\_

### PLEDGE INFORMATION: BILL ME (TWO OPTIONS)

OPTION #1: ONE-TIME

TOTAL PLEDGE AMOUNT: \$ _____	PAYMENT MONTH _____
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OPTION #2: INSTALLMENTS

INSTALLMENT AMOUNT: \$ _____	PER MONTH: <input type="checkbox"/> FOR _____ MONTHS	PER QUARTER: <input type="checkbox"/> FOR _____ QUARTERS	OTHER: (PLEASE SPECIFY) <input type="checkbox"/>
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START DATE: \_\_\_\_\_  
1ST OF \_\_\_\_\_

### DESIGNATION/NOTES

GREATEST NEED OR BRANCH/COE: \_\_\_\_\_ OR OTHER: \_\_\_\_\_

SOLICITOR NAME OR Y CONNECTION: \_\_\_\_\_

NOTES

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### SIGNATURE

SIGN BELOW

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