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 □ HOME □ BUSINESS □

EMAIL: ____________________________

COMMUNICATION PREFERENCES: EMAIL □ PHONE □ MAIL □ TEXT MESSAGE □

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 $ __________

□ OPTION #2: ONE-TIME PAYROLL PAYMENT

$ __________

PLEDGE INFORMATION: BILL ME (TWO OPTIONS)

□ OPTION 1: ONE-TIME

TOTAL PLEDGE AMOUNT: $ __________

PAYMENT MONTH: __________

□ OPTION #2: INSTALLMENTS

INSTALLMENT AMOUNT: $ __________

PER MONTH: __________

□ FOR _____ MONTHS

PER QUARTER: __________

□ FOR _____ QUARTERS

START DATE: 1ST OF __________

OTHER: (PLEASE SPECIFY) □

DESIGNATION/NOTES

□ GREATEST NEED OR BRANCH/COE: ______________ OR OTHER: ______________

SOLICITOR NAME OR Y CONNECTION: ____________________________

NOTES: ____________________________

SIGNATURE

SIGN BELOW