

DONOR FORM



2026 ANNUAL CAMPAIGN MARSHFIELD AREA YMCA, INC.

STEP 1: DONOR INFORMATION

Mr. Mrs. Ms. Other _____

Individual Organization/Corporation Board Member

Donor First Name _____

MI _____

Donor Last Name _____

Organization/Corporation (if applicable) _____

Contact Person _____

Mailing Address _____

City, State, Zip _____

Donor or Contact E-Mail Address _____

Donor or Contact Phone Number _____

STEP 2: PAYMENT OPTIONS

2026 Gift/Pledge Total

\$ _____

OPTION #1 - ONE TIME GIFT

Pay Now.....
 Please Invoice Me.....
 Credit Card.....

Cash Check payable to Marshfield Area YMCA
One Time in _____/2026
 Visa Mastercard Discover American Express
Card Number: _____ CID# _____
Exp. Date: _____ / _____ Name on Card: _____

OPTION #2 - MONTHLY CREDIT CARD PAYMENT

Please draft \$ _____ MONTHLY

Begin drafts in the month of _____ and end in the month of _____

(all drafts must be completed by December 2026)

Credit Card.....

Visa Mastercard Discover American Express
Card Number: _____ CID# _____
Exp. Date: _____ / _____ Name on Card: _____

STEP 3: GIFT INFORMATION

Gift Designation: Area of Greatest Need Other/Special Instruction: _____

-> DONOR SIGNATURE: _____ DATE: _____

Recognition Name: _____ Do not publish my name

OFFICE USE ONLY:

Reviewed By: _____

Date: _____