

DONOR FORM



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026 ANNUAL CAMPAIGN MARSHFIELD AREA YMCA, INC.

STEP 1: DONOR INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Individual	<input type="checkbox"/> Organization/Corporation	<input type="checkbox"/> 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

<input type="checkbox"/> Pay Now.....	<input type="checkbox"/> Cash	<input type="checkbox"/> Check payable to Marshfield Area YMCA
<input type="checkbox"/> Please Invoice Me.....	One Time in ____/2026	
<input type="checkbox"/> Credit Card.....	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> 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)

<input type="checkbox"/> Credit Card.....	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> 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Recognition Name: _____ ☐ Do not publish my name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: _____