



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Thank You for your support you just made a difference in someone's life.

Pledge Form

Name: _____

Address: _____

City: _____ State: ___ Zipcode: _____

Email: _____

Pledge Amount: \$ _____

Payment Type: ___ Credit Card ___ Bank Draft ___ Check ___ Invoice

Payment Cycle: ___ One Time Donation ___ Quarterly Donation ___ Monthly Donation

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: ___/___ CVV: ___ (3 Digit number on back of card)

Bank Draft/Electronic Funds Transfer

Name (s) on Bank Account _____ Bank Name: _____

Transit/Routing Number: _____ Account Number: _____

Authorized Signature: _____ Date: _____

You can also donate online by clicking on Give to the Y on our website at www.abileneymca.org.