



Every kid deserves a chance

YMCA Strong Kids Pledge Card

Donor Contact Information

Last Name: _____

First Name: _____

Business Name: _____

Address: _____

City: _____

Postal Code: _____

This donation is being made on behalf of: Individual Business

Phone H: _____ Phone B: _____

Email: _____

I give permission for the YMCA of Niagara to send me electronic messages for YMCA purposes only. I understand the YMCA will not sell or rent personal information to third parties for their use. Yes No
If you ever do not wish to receive further information/contact from the YMCA, please email ymcaprivacy@niagara.ymca.ca.

Gift Amount

Chair's Round Table	
<input type="checkbox"/> \$5,000 Platinum	<input type="checkbox"/> \$1,000 Silver
<input type="checkbox"/> \$2,000 Gold	<input type="checkbox"/> \$ 500 Bronze

I would like to make a one-time donation of:
 \$250 \$100 \$50 \$25 Other \$ _____

OR I would like to make a monthly gift. Please complete the information on the back.

We respect your privacy. For more information on our privacy policy, please visit our website at ymcaofniagara.org/aboutyourprivacy.php or contact us.

Methods of Payment

Cash Cheque Credit Card Pre-authorized Debit (PAD)

Cheque payable to YMCA of Niagara.

Credit Card type: VISA MasterCard

Card No. _____

Expiry: _____ / _____

Name on Card: _____

Signature: _____

Please turn card over.

Monthly gift of \$ _____ for # _____ months

beginning _____ (mm/yy) for a total of \$ _____

Please deduct my gift on the 15th or 30th/31st of each month.

NOTE: If you selected PAD for monthly payment, please enclose a cheque marked VOID from the bank account you wish to access.

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution, or visit www.cdnpay.ca.

I have certain recourse rights, if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution, or visit www.cdnpay.ca.

Gift Acknowledgement

I wish my gift to be recognized with the following name:

I wish my gift to be anonymous.

I understand I may cancel this authorization at any time with written notice or by calling Nora Jenter at 905 934 9755 x 232.

Income tax receipts will be issued for gifts of \$20 or more.

Donor Signature: _____

Date: _____

I have / would like to make a gift to the YMCA of Niagara in my will.

Please contact me at _____

Connection

Storyteller's Name: _____

Location: Walker Fort Erie Port Colborne

Niagara Centre Niagara Falls Niagara West

Administration Community Camp

Employment Child Care Centre _____
(Name)

OEYC _____
(Location)

*Thank you for supporting the
YMCA Strong Kids Campaign!*



YMCA of Niagara
25 YMCA Drive, St. Catharines, ON
L2N 7P9
Phone: 905-934-9755 ext. 232
or give online at ymcastrongkids.ca
Charitable Registration No. 11930 7064 RR0001