

YMCA CAMP HI-ROCK GIVING FORM

For assistance, please contact Jessica Speer-Holmes
 executive@camphirock.org or 413-528-1227

Donor Name(s): _____
 Mailing Address: _____
 Phone Number: _____ Email Address: _____

In support of the YMCA Camp Hi-Rock Capital Campaign I/we commit to make a gift of: _____

Please list my/our name(s) as follows for recognition: _____ OR Please consider my/our gift anonymous.

PAYMENT SCHEDULE

Please charge the total pledge amount using the payment method below on the following date: _____

Please sign me up for automatic monthly payments of \$_____ using the payment method below according to the following schedule (up to five years):

Total number of payments: _____ x Monthly payment amount: _____ = Total gift pledged: _____

First monthly payment:
 Final monthly payment:

Month	Date	Year

Please sign me up for automatic annual payments of \$_____ using the payment method below according to the following schedule (up to five years):

Total number of payments: _____ x Annual payment amount: _____ = Total gift pledged: _____

Annual payment year 1:
 Annual payment year 2:
 Annual payment year 3:
 Annual payment year 4:
 Annual payment year 5:

Month	Date	Year

Other payment plan (please specify): _____

PAYMENT METHOD

Check: I will mail a check or have one mailed from my financial institution.

Phone: I prefer to communicate my credit card or EFT details over the phone. Please contact me.

Credit Card: Please charge my Mastercard Visa AMEX Discover

Name on card: _____

Card number: _____ Expiration date: _____

EFT / Bank Draft: Name on Account _____ Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

We agree to the commitment outlined above in this giving agreement.

Signature(s)

Date