



# Donation Form

for the Rogue Valley Family YMCA  
522 W 6<sup>th</sup> St, Medford, OR 97501  
Tax I.D.: 93-0391645

**DONOR INFORMATION:**

**CAMPAIGNER NAME:** \_\_\_\_\_

Name:
Mailing Address:
City, State, Zip Code:
Primary phone number:
E-Mail Address:

**GIFT INFORMATION:**

	In-kind item or service description: _____ Monetary value of item/service: _____
	Monetary contribution total: _____ Check the method of payment: Cash _____ Check No. _____ Credit Card _____ Credit Card Type: Visa _____ Mastercard _____ Expiration date: _____ Credit Card Number: _____ Name on Card: _____ CVV code: _____ Signature: _____
	Set up monthly auto draft from bank account Monthly amount to be deducted: _____ Total amount to be deducted in current year: _____
	I pledge to pay at a later date this year. Pledge amount: _____
	Please direct my gift to the following program: _____

**DONOR RECOGNITION INFORMATION:**

Please use the following name(s) in all recognition acknowledgements where applicable:
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\_\_\_\_ I (we) wish to have my/our gift remain anonymous.

<b>FOR OFFICE USE ONLY</b> Date received: _____ by whom: _____ Key Code: _____ Staff: _____ DP: _____ TY: _____
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