



# Donation Form

Rogue Valley Family YMCA  
 522 W 6th St, Medford, OR 97501  
 Tax ID#: 93-0391645

**DONOR INFORMATION:**

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

Name:
Mailing Address:
City, State, Zip Code:
Primary Phone Number:
E-Mail Address:

**GIFT INFORMATION:**

<p><b>Monetary Contribution</b>      Amount: \$ _____</p> <p>Payment Method: <input type="checkbox"/> Cash      <input type="checkbox"/> Credit Card*      <input type="checkbox"/> Check No. _____</p> <p><i>*For Credit Card Payments Please Complete this Section: (only Visa, Mastercard, or Discover)</i></p> <p>Name on Card: _____</p> <p>Card Number: _____ Expiration date: _____</p> <p>Card Holder Signature: _____ CVV code: _____</p>
<p><b>Monthly Auto Drafted Donation</b> (Must complete YMCA Tuition Express Form)</p> <p>Monthly Amount to be Deducted: \$ _____</p> <p>Total Annual Amount to be Deducted: \$ _____</p>
<p><b>Pledged Monetary Donation</b>      Amount to be Pledged: \$ _____</p> <p>Select One:      <input type="checkbox"/> I will pay at a later date this year</p> <p>                         <input type="checkbox"/> Please send me reminders of my pledge</p>
<p><b>In-Kind Donation</b>      Donor Stated Fair Market Value: \$ _____</p> <p>Item or Service Description: _____</p> <p>_____</p>
<p><b>Optional:</b> Please direct my gift to the following area: _____</p>

**DONOR RECOGNITION INFORMATION:**

<p><input type="checkbox"/> Please use the following name(s) in all recognition of this gift: _____</p> <p><input type="checkbox"/> Anonymous Gift – no recognition please</p>
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<p><b>FOR OFFICE USE ONLY</b></p> <p>Date received: _____ By Whom: _____ Key Code: _____ Staff: _____ DP: _____ TY: _____</p>
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