



YMCA of Broward County

# 2010 Y-Partners Annual Scholarship Campaign

I would like to support the Y-Partners Annual Scholarship Campaign, by contributing \$ \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Charge to my  Visa  Mastercard  American Express

Name \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Record my gift in the following name(s):

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following options are available for donors of \$50.00 or more.

My check is enclosed.

Please make checks payable to YMCA of Broward County

Please bill me in  one  two  three  four payments

Preferred date of payment \_\_\_\_\_

Deduct monthly from my bank account (\$5/month minimum)

YMCA Family Center \_\_\_\_\_

*All pledge cards must be signed and dated.*

Campaigner \_\_\_\_\_

I am interested in making a Legacy Gift

## Thank You for Making a Difference

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