



Every kid deserves a chance

YMCA Strong Kids Pledge Card

Donor Information

Circle one: Mr / Mrs / Miss / Ms / Dr

Last Name: _____

First Name: _____

Business Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

The above address is a: Home Business

Phone: H () _____ Phone: B () _____

Email: _____

Gift Amount

I would like to make a one time donation of:

\$25 \$100 \$500 \$1,000 Other \$ _____
OR

I would like to make a monthly gift:

Monthly gift of \$ _____ for # _____ months
beginning _____ (mm/yy)

Your gift will be deducted on the **1st or 15th** of each month. Please circle your preferred date where there is more than one date.

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

Please turn card over.

Methods of Payment

cash cheque credit card pre-authorized debit (PAD)

Cheque payable to YMCA of Northeast Avalon

Credit Card type: VISA MasterCard American Express

Card No: _____ Exp. Date: / _____

Name on Card: _____

Signature: _____

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

We respect your privacy. For more information on our privacy policy, please contact us.

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 by the YMCA with the following name:

I wish my gift to be anonymous I have / would like to make
 My company has a gift match program a gift to the YMCA in my will

I understand I may cancel this authorization at any time with written notice or by calling my YMCA branch.

Income tax receipts will be issued for gifts of \$10

Signature: _____

Date: _____

Connection

YMCA Association Name: _____

Fundraiser's Name: _____

Thank you for your support



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Charitable Reg # 108225533RR0001