

YMCA DAY OF GIVING

To donate online:
ssymca.org/dayofgiving



SOUTH SHORE YMCA 2024

DONOR INFORMATION

CONTACT NAME _____ DOB or MEMBER # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ CELL PHONE _____

1. ☐ **YES, I/we want to support the South Shore YMCA by making the following pledge:**

\$500 _____ \$250 _____ \$100 _____ \$75 _____ \$50 _____

2. **PAYMENT OPTIONS** ☐ ACCOUNT ON FILE ENDING IN _____

☐ CASH ☐ CHECK payable to South Shore YMCA ☐ DONOR ADVISED FUNDS
☐ CREDIT CARD # _____ EXP _____ / _____ CVC _____
☐ CHECKING ACCOUNT ROUTING # _____ ACCOUNT # _____

3. **GIFT ACKNOWLEDGEMENT** | Please record this gift in all publications as a tax-deductible donation from:

NAME _____ ☐ ANONYMOUS

4. **SIGNATURE** _____ DATE ____ / ____ / ____

THANK YOU FOR YOUR SUPPORT!

Please return this card to:
SOUTH SHORE YMCA
Development Department, 79 Coddington St, Quincy, MA 02169

FOR INTERNAL USE ONLY

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CAMPAIGNER