

2024 YMCA OF HONOLULU ANNUAL CAMPAIGN DONATION FORM

Name _____

Company _____ Matches your gift?

Home Work Billing Address _____

City _____ State _____ Zip _____

Day Phone _____ Home Phone _____ Email _____

RECOGNITION

I wish to be listed in recognition materials as follows: _____

I wish to remain anonymous

CHECK ALL APPLICABLE:

This is my first gift to the Y

Send information about being a President's Club Member (\$1,000)

Send information about including the YMCA in my estate plan

I have already included the YMCA in my estate plan

Contact me about a gift of stock

MY DONATION

If applicable, who talked to you about making your gift? _____

Branch Designation _____

BILLING INFORMATION

Amount Enclosed \$ _____

Or

Please choose one of the billing options below:

One Time Gift Billed As:

(Check one and fill in info)

One Time Payment \$ _____
Month _____

Monthly Payment: \$ _____
Starting Month _____

Quarterly Payment: \$ _____
Starting Month _____

Total Pledge: \$ _____

Make It A Recurring Gift Until I Tell You Otherwise:

(Check one and fill in info)

Annual Payment: \$ _____
Month _____

Monthly Payment: \$ _____
Starting Month _____

Quarterly Payment: \$ _____
Starting Month _____

CREDIT CARD (You can also pay online at ymcahonolulu.org/donate)

Mastercard VISA American Express Discover

Name on Card _____

Card Number _____ Exp _____

BANK DRAFT

I authorize the YMCA OF HONOLULU to draft my account. (Please attach voided check or deposit slip)

Signature _____

SCAN TO
DONATE ONLINE

The YMCA OF HONOLULU is a nonprofit 501(c)(3). Tax ID# 99-0073533.

Your donation may be tax deductible – Mahalo!

Donate online at ymcahonolulu.org/donate or send checks payable to YMCA OF HONOLULU.



Please return form and payment to: YMCA OF HONOLULU, 1441 Pali Highway, Honolulu, HI 96813, or your local Y Branch.