



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 GIFT COMMITMENT

YMCA OF MIDDLE TENNESSEE

DONOR SECTION

Donor/Spouse Name _____

-OR-

Organization/Contact Name _____

Anonymous? Yes No

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Email _____

Gift Amount \$ _____ Center/Program Designation _____

CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

Check or Credit/Debit Card

- One-time in the month of _____
- Quarterly
- Monthly

Please send me reminders for my pledge via Email Mail

- OR -

I will go online to make my donation or pay my pledge

TO GIVE ONLINE, VISIT [YMCAMIDTN.ORG/GIVE](https://ymcamidtn.org/give)



Yes, my employer has a matching gift program and I'll submit my gift to be matched!

Yes, I'd like to learn more about joining the Heritage Club and leaving a legacy gift to the YMCA!

Donor Signature _____ Date _____

STAFF SECTION

Constituent ID _____ Appeal Name (board, race, major, etc.) _____

Soft Credit _____ Fundraiser/Solicitor _____

YMCA OF MIDDLE TENNESSEE TAX ID: 62-0476243

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.