



# Give For A Better US



2021 Annual Campaign  
VALLEY POINTS FAMILY YMCA



# Give For A Better US



2021 Annual Campaign  
VALLEY POINTS FAMILY YMCA



# Give For A Better US



2021 Annual Campaign  
VALLEY POINTS FAMILY YMCA



**Yes...I want to donate to the 2021 Annual Campaign!**

Ms.  Mrs.  Mr.  Mr. and Mrs.  Dr.  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**I pledge a total donation of \$ \_\_\_\_\_ to the 2021 Annual Campaign.**

Check Enclosed  Cash  
 Visa  MasterCard  Discover  
 Card Number: \_\_\_\_\_ / \_\_\_\_\_  
 Exp. Date  
 Signature: \_\_\_\_\_

I prefer to be invoiced

I prefer payments  
 (please indicate your preferences by checking the appropriate boxes to the right)

Preferred Payment Months:		
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept
<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

I wish to donate through a bank-draft; please contact me.

My company will match this contribution. For matching fund confirmation, please contact:

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Your donation is deductible for income tax purposes in the manner and to the extent provided by law. A copy of the official registration may be obtained from the PA Department of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.

**Please complete and return to:**  
 VALLEY POINTS FAMILY YMCA | Corporate Office  
 800 Constitution Boulevard | New Kensington, PA 15068  
 P 724.335.9191 | W www.vpfymca.org

Campaigner: \_\_\_\_\_



**Yes...I want to donate to the 2021 Annual Campaign!**

Ms.  Mrs.  Mr.  Mr. and Mrs.  Dr.  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**I pledge a total donation of \$ \_\_\_\_\_ to the 2021 Annual Campaign.**

Check Enclosed  Cash  
 Visa  MasterCard  Discover  
 Card Number: \_\_\_\_\_ / \_\_\_\_\_  
 Exp. Date  
 Signature: \_\_\_\_\_

I prefer to be invoiced

I prefer payments  
 (please indicate your preferences by checking the appropriate boxes to the right)

Preferred Payment Months:		
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept
<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

I wish to donate through a bank-draft; please contact me.

My company will match this contribution. For matching fund confirmation, please contact:

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Your donation is deductible for income tax purposes in the manner and to the extent provided by law. A copy of the official registration may be obtained from the PA Department of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.

**Please complete and return to:**  
 VALLEY POINTS FAMILY YMCA | Corporate Office  
 800 Constitution Boulevard | New Kensington, PA 15068  
 P 724.335.9191 | W www.vpfymca.org

Campaigner: \_\_\_\_\_



**Yes...I want to donate to the 2021 Annual Campaign!**

Ms.  Mrs.  Mr.  Mr. and Mrs.  Dr.  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**I pledge a total donation of \$ \_\_\_\_\_ to the 2021 Annual Campaign.**

Check Enclosed  Cash  
 Visa  MasterCard  Discover  
 Card Number: \_\_\_\_\_ / \_\_\_\_\_  
 Exp. Date  
 Signature: \_\_\_\_\_

I prefer to be invoiced

I prefer payments  
 (please indicate your preferences by checking the appropriate boxes to the right)

Preferred Payment Months:		
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept
<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

I wish to donate through a bank-draft; please contact me.

My company will match this contribution. For matching fund confirmation, please contact:

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Your donation is deductible for income tax purposes in the manner and to the extent provided by law. A copy of the official registration may be obtained from the PA Department of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.

**Please complete and return to:**  
 VALLEY POINTS FAMILY YMCA | Corporate Office  
 800 Constitution Boulevard | New Kensington, PA 15068  
 P 724.335.9191 | W www.vpfymca.org

Campaigner: \_\_\_\_\_