



# TRIANGLE SOCIETY PLEDGE FORM

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### LEVELS OF GIVING

- Fellow** \$6,000 - \$9,999
- Patron** \$10,000 - \$14,999
- Benefactor** \$15,000 - \$24,999
- Founder** \$25,000 - \$49,999
- Trustee** \$50,000+

### PLEDGE INFORMATION

I/We pledge a **total** of \$\_\_\_\_\_ in support of the Madison Area YMCA, to be paid annually over three years, by December 31 of each year.

Year	20__	20__	20__	3 Year Total
Amount	\$ or %	\$ or %	\$ or %	\$

### CONTRIBUTION METHOD

I/We plan to make this contribution in the form of:  Cash  Check  Credit Card  Stock  Other

My gift will be matched by \_\_\_\_\_ (company / family / foundation)

- Form enclosed
- Form will be forwarded
- No match

Contributions can be made through transfer of securities, check to the Madison Area YMCA or by credit card. For questions or transfer instructions, contact 973.822.YMCA (9622).

### ACKNOWLEDGMENT INFORMATION

- This gift is being made in memory, honor, celebration or tribute.
- I wish to learn more about naming opportunities.

Please provide any other details about this gift that you wish to share including names to be used in all acknowledgments:

\_\_\_\_\_

Pledges will be officially recorded upon return of this signed agreement. You will receive a copy.

\_\_\_\_\_  
Donor Signature Date

\_\_\_\_\_  
YMCA Representative Date

NOTE: Donations are tax deductible to the extent allowed by the law. Tax receipts will be issued at the end of the year your payment was made. Questions regarding contributions should be referred to your tax advisor.

**Please return this form to Melissa DeSalvo by email at [mdesalvo@madisonymca.org](mailto:mdesalvo@madisonymca.org), or by mail: MADISON AREA YMCA • 111 Kings Road • Madison, NJ 07940 • 973.822.YMCA (9622)**

**CREATING LASTING CHANGE TODAY AND FOR THE FUTURE.**



**MADISON AREA YMCA**