



DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

ACTIVE LIFE CAMPAIGN

My/Our total Capital Campaign pledge is \$ _____ . I/We prefer to make payment(s):

One-time on or before: _____ 20 _____ Monthly beginning: _____ 20 _____ & ending: _____ 20 _____

Quarterly beginning: _____ 20 _____ & ending: _____ 20 _____ Annually beginning: _____ 20 _____ & ending: _____ 20 _____

Other: _____

Please recognize this commitment with the following naming opportunity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Healthy Living Center: \$3,000,000 | <input type="checkbox"/> Adult Social & Wellness Center: \$1,500,000 | <input type="checkbox"/> Fitness Center: \$1,000,000 |
| <input checked="" type="checkbox"/> Dauch Lobby: \$750,000 | <input type="checkbox"/> Group Exercise Studio: \$500,000 | <input type="checkbox"/> Adult Social Room 1: \$500,000 |
| <input type="checkbox"/> Adult Social Room 2: \$350,000 | <input type="checkbox"/> Entrance/Front Porch: \$250,000 | <input checked="" type="checkbox"/> Publix Super Market Charities Kitchen: \$250,000 |
| <input checked="" type="checkbox"/> Thomas Family Activity Suite: \$150,000 | <input checked="" type="checkbox"/> Hydrologica Healthy Cafe: \$150,000 | <input checked="" type="checkbox"/> Alan & Linda Sandlin Community Room: \$100,000 |
| <input checked="" type="checkbox"/> Young Mezzanine & Balcony: \$100,000 | <input checked="" type="checkbox"/> Collier Community Foundation Activity Room: \$100,000 | <input type="checkbox"/> Sports Office: \$50,000 |
| <input checked="" type="checkbox"/> Cassata Patio: \$50,000 | <input checked="" type="checkbox"/> Donaldson Family Courtyard: \$50,000 | <input checked="" type="checkbox"/> Love-Abounader Family Stairway to Fitness: \$50,000 |
| <input checked="" type="checkbox"/> Marco Noontime Rotary Library Nook: \$50,000 | <input type="checkbox"/> Billy & Ann Garrity Activity Room: \$30,000 | <input checked="" type="checkbox"/> LCEC Electric Elevator: \$25,000 |
| <input checked="" type="checkbox"/> Sandberg Reflection Room: \$25,000 | <input checked="" type="checkbox"/> Marco Noontime Rotary Bike Racks: \$25,000 | <input type="checkbox"/> West Bike Racks: \$25,000 |

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This project has been awarded funding under a Memorandum of Understanding with the State of Florida, Department of Health.

AN OPPORTUNITY TO IMPACT LIVES

We rely on generous donations from the public to ensure everyone has the chance to access our services. Your gift to the Annual Campaign and Endowment/Legacy Fund will help sustain the Y so we can continue to provide life-improving resources and remain a safe place to stay healthy in spirit, mind, and body.

ANNUAL CAMPAIGN

My/Our total Annual Campaign pledge is \$ _____ . I/We prefer to make payment(s):

- One-time on or before: _____ 20 _____ Monthly beginning: _____ 20 _____ & ending: _____ 20 _____
- Quarterly beginning: _____ 20 _____ & ending: _____ 20 _____ Annually beginning: _____ 20 _____ & ending: _____ 20 _____
- Other: _____

ENDOWMENT/LEGACY FUND

- I/We wish to make a pledge to the **Endowment Legacy Fund** in the amount of \$ _____ , payable on or before (date) _____
- I/We have made arrangements in our estate plans to support the Endowment Legacy Fund.
- I/We would like to discuss options for supporting the Y through planned giving.

PAYMENT OPTIONS

Payment Method: Check Enclosed (check made out to the YMCA of Collier County)

Credit Card EFT Other _____

Name on card: _____

Card type: Visa Mastercard AMEX Discover

Credit Card Number: _____

Exp Date: _____

CCV: _____

Other instructions on this commitment: _____

Signature

Date

Signature

Date