



YMCA OF NORTHWEST NORTH CAROLINA

2024 Storyteller

2024 Total Amount Given

BRANCH _____

CONSTITUENT ID # _____ MEMBER ID # _____

GIFT INFORMATION

Campaign:

☐ 25 AIF

☐ 26 AIF

☐ Endowments

☐ Capital

☐ Multi-Year

Designation:

☐ BB

☐ ROP

☐ Swim Lessons

☐ Sports

☐ _____

2025 PLEDGE

Amount: _____

Matching Gift Amount: _____

Employer: _____

2025 Storyteller: _____

DONOR INFORMATION

Donor Name: _____

DOB _____ Home #: _____

Work #: _____ Cell #: _____

Email: _____

Address: _____

City, State, Zip: _____

PAYMENT OPTIONS

PAY NOW:

____ Cash

____ Check (Check # _____)

PAY LATER:

____ Single Installment in the month of: _____

____ Monthly Installments beginning in: _____

____ Quarterly Installments in the months of: _____, _____, _____ & _____

____ Irregular Installments in the months of: _____, _____, _____ & _____

____ Annual Installment in the month of: _____

Amount enclosed \$ _____ (**All pledge balances must be scheduled to be paid by December 31)

AUTO-DRAFT OPTIONS

Credit Card To be charged each month on the (circle one) 1st or 15th

Credit Card Type ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover Card # _____

Exp. Date _____/_____/_____ CCV _____

Bank Draft (Please note: bank drafts will occur on the 15th each month)

Bank Name: _____ ☐ Checking ☐ Savings

Routing # _____

Account # _____

☐ Please call donor for payment

NOTES:

- ☐ Said No to 2025 AIF
- ☐ Send Reminders
- ☐ Gift is Anonymous

STORYTELLER CHECKLIST: Did you...?

- ☐ Verify address, email addresses and phone numbers?
- ☐ Choose a payment option with a beginning month?
- ☐ Ask donor if employer will match?