



Camp Sloane YMCA



Your Name: _____

Date:

Address: _____

Phone: _____

E-Mail: _____

Pledge Amount: \$ _____ **Paid: \$** _____

Please check one of the following:

- You may use my gift to support camp programs and facility improvements for all campers as well as camperships for children unable to afford a camp experience
- I would like my gift to go to the Sarah Storms Campership Fund – *The entirety of these funds will be used support camperships for children unable to afford a camp experience*
- I would like my gift to go to the Allison Weingarten Endowment Fund - *These funds will be placed in an endowment fund. The interest on the fund will be used support camperships for children unable to afford a camp experience*

Please check any of the following that apply:

- My and/or my spouse's company will match this gift. (Matching gift form must be attached)

Company Name _____

This gift is in Memory / Honor (circle one) of _____

Please send an acknowledgement letter to the honoree or family of the memorial gift. Send acknowledgement to:

Name _____ Street _____

City _____ State _____ ZIP _____

Payment Method Check (payable to *Camp Sloane YMCA*) Securities Bill on _____ (Date)

Credit Card Draft MasterCard Visa American Express or:

Bank Draft (include a voided check) Name on Account _____

Six monthly drafts or billing statements from March to August, or from _____ to _____

One time draft or bill in _____

Name on Card (Please print.) _____ Card# _____ Exp. Date ____/____/____

Signature for pledge/Credit card _____ Date _____

Signature for pledge _____ Date _____

Return this pledge sheet to:

Camp Sloane YMCA
124 Indian Mountain Road
Lakeville, CT 06039

Thanks for all you do to help us build strong kids!