



Please return to:
Metropolitan YMCA of the Oranges
 Office of Development
 139 East McClellan Avenue
 Livingston, NJ 07039

For More Information call (973) 758-9622 or visit www.metroymcas.org.

1. Donor Information:

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

2. I would like to show my support with a gift of \$ _____

3. Payment Information

Check Enclosed (Please make payable to _____ YMCA)

Credit Card:

Total Amount \$ _____ or Payment(s) of \$ _____ in each circled month

Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec

Visa MasterCard AMEX Discover

Card Number: _____ Exp. Date: _____ Signature _____

4. Giving History

5. Additional Information

I would like to learn more about becoming a YMCA Storyteller

Matching Gift Information: Employer Name: _____

Form Enclosed Need further information

I have included the YMCA in my will, trust or other estate plans.

Send information on gifts through wills, trusts, appreciated assets, life insurance, or other deferred gift opportunities.

Please send me information on the 15th Annual Kids' Care Club Golf Tournament.

6. Storyteller Information (To be completed by YMCA staff or storyteller)

Storyteller Name: _____ Branch Name: _____