



# Camp Sloane YMCA Strong Kids Campaign

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Pledge Amount: \$ \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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
- You may use my gift to support the "Be a hero. Send a hero's kids to camp" program – *These funds will be used to provide camp for the children of our brave U.S. Military servicemen and women*
- I would like my gift to go to the Sarah Storms Campership Fund – *These funds will be used to support camperships for children unable to afford a camp experience*
- I would like my gift to go to the Alison Weingarten Endowment Fund - *These funds will be placed in an endowment fund. The interest earned from the fund will be used to support camperships for children unable to afford a camp experience*

**Please check any of the following that apply:**

- My company 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 \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Payment Method**  Check (payable to *Camp Sloane YMCA*)  MasterCard  Visa  American Express

*For your convenience you may pay your pledge in monthly installments from your credit card.*

- \_\_\_\_ (number) monthly drafts or billing statements from \_\_\_\_ (month) to \_\_\_\_ (month)
- One time draft or bill in \_\_\_\_ (month)

Name on Card (Please print) \_\_\_\_\_ Card# \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Three or four digit CVN on the back of card (on front for AMEX) \_\_\_\_\_

Signature for pledge and/or credit card \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return this pledge sheet to:

**Camp Sloane YMCA 124 Indian Mountain Road Lakeville, CT 06039 or fax to (860) 435-2599**