



Yes, we want to support the Community Y's Partner with Youth Campaign with a \$_____ Gift.

eliminating racism
empowering women
ywca

Name: _____

(as you would like it to appear for recognition purposes)

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____

Partner with Youth Levels of Contribution:

- Presidents Roundtable (\$1,000 and up)
- Family Advocate (\$500-\$999)
- Program Partner (\$250-\$499)
- Friend of Youth (\$100-\$249)
- Team Player (Under \$99)

Payment Method:

My check made payable to the Community Y is enclosed .

OR

I would like to pay using the Community Y bank draft system.

Please charge my account \$_____ per month for _____ months.

For this option, please provide a copy of a voided check

OR

Please bill me:

Quarterly (Oct, Jan, April, July)

End of the year (December)

OR

Please charge my credit card Visa MC

Card # _____

Exp. Date _____

Signature _____

Community Y of Marshalltown
108 Washington Street
Marshalltown, IA 50158
641-752-8658