

Name: _____
Address: _____

HmPh: _____
WkPh: _____
E-mail: _____



Santa Maria Valley YMCA
3400 Skyway Dr.
Santa Maria, CA 93455
805-937-8521

Campaigner Name: _____

- Address Verified by Campaigner
- Please update address:

- E-mail: _____

Notes:

- May give next year
- Contact at a later date: _____
- Child under 18
- Please do not ask again: _____
- Other _____

PAYMENT OPTIONS

Pledge Amount \$ _____

- Payment in full enclosed
- Please bill me: Monthly Quarterly One time _____ (which month)
- Automatically draft my account (must indicate credit card # or attach voided check)
- Visa/MasterCard/American Express

Card Number _____ - _____ - _____ - _____ Exp. Date _____

Signature: _____

2007