

YMCA DAY OF GIVING

To donate online:
ssymca.org/dayofgiving



SOUTH SHORE YMCA 2026

DONOR INFORMATION

CONTACT NAME _____ **DOB** or **MEMBER #** _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ CELL PHONE _____

1. **YES, I/we want to support the South Shore YMCA by making the following pledge:**

\$500 _____ \$250 _____ \$100 _____ \$75 _____ \$50 _____

2. **PAYMENT OPTIONS** ACCOUNT ON FILE ENDING IN _____

CASH CHECK payable to South Shore YMCA DONOR ADVISED FUNDS
 CREDIT CARD # _____ EXP _____ / _____ CVC _____
 CHECKING ACCOUNT ROUTING # _____ ACCOUNT # _____

3. **GIFT ACKNOWLEDGEMENT** | Please record this gift in all publications as a tax-deductible donation from:

NAME _____ ANONYMOUS

4. **SIGNATURE** _____ **DATE** _____ / _____ / _____

THANK YOU FOR YOUR SUPPORT!

Please return this card to:
SOUTH SHORE YMCA
Development Department, 79 Coddington St, Quincy, MA 02169

FOR INTERNAL USE ONLY

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CAMPAIGNER _____