

## MY COMMITMENT

\$25    \$50    \$100    \$150    \$250    \$500    Other \$ \_\_\_\_\_

## PAYMENT METHOD

Check (enclosed payable to YMCA Name)

Credit Card (Visa or Mastercard)

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OPTIONAL

My gift is  in honor of  in memory of Name \_\_\_\_\_

### WILSON FAMILY YMCA

3436 Airport Blvd

Wilson, NC 27896

252.291.9622

WILSONYMCA.ORG