



Pledge Card: 2024 Annual Campaign

YMCA OF ORANGE COUNTY

Printed Name, Business, or Organization _____ YMCA Member
Employer or Contact Name _____ Matching Gift Program
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____ Designation (Branch or Program) _____
Pledge Amount _____ Signature (Required) _____ Date _____

I will fulfill my gift as follows:

Cash enclosed \$ _____ Check (payable to YMCA of Orange County) Invoice (\$25 minimum)
Credit Card: Visa Mastercard Amex Discover
Card Number _____ Exp _____ Security Code (last 3 or 4 digits on the back of card) _____
Name on card (if different than above) _____ Signature _____
Billing Zip Code (if different than above) _____ Campaigner Name _____

To learn more, contact:

Anna Romiti
aromiti@ymcaoc.org
714-508-7609

Return or mail to:

YMCA OF ORANGE COUNTY
13821 Newport Ave Suite 200
Tustin, CA 92780
ymcaoc.org