

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

## YMCA of Metropolitan Washington Employee Annual Giving Campaign

The Employee Giving Campaign is an annual YMCA tradition in which we give back to those we serve. Just like in years past, we ask that you consider making a contribution to our "For a Better Us" Employee Giving Campaign. Funds raised through this campaign will provide the much needed financial support to campers during the summer and kids in child care throughout the school year, as well as financial aid to families and seniors who cannot afford our already affordable membership and program fees.

There are several ways to make a gift; one of the best ways is through payroll deduction. Another option is to make a one-time gift by cash, check or credit card. We deeply appreciate all you do for our kids, families, and communities throughout the year. Please consider doing a little more. *Thank you!* 

| Name   |               |
|--|---------------|
| Branch   |               |
| Designation  |               |
| Home Address   |               |
| City/State/Zip   |               |
| Phone  | Today's Date: |
| Email  |               |
|  |               |
| Payroll contribution of \$ per paycheck beginning on   This agreement will remain in effect until further notice from me.   I hereby authorize you to deduct from each of my salary checks the deduction shown for the purpose of my contributing to the YMCA of Metropolitan Washington, and to transmit such withholding amount to the designated annual gift or other fund of my choosing. This agreement supersedes any previous authorizations for payroll deduction. I understand this authorization may be revoked at any time by written notice to the Philanthropy Department and filed with the ASO payroll office.   Staff Initials: Date:   Please make checks payable to the YMCA of Metropolitan Washington. |               |
| <b>One time gift by credit card</b> – fill out the information below <u>or</u> go online to <u>www.ymcadc.org</u> :  |               |
| Gift Amount: \$ Card Type (please circle): Visa MasterCard Discover AmEx   |               |
| Card Number:   | Exp. Date:    |
| Name on Card:  |               |
| Signature:   | Date:         |
| Please designate my gift to  |               |

Please return this form to your branch rep, business office or mail to YMCA of Metropolitan Washington, PO Box 65325, Washington, DC 20037