

SSYMCA South Shore Natural Science Center Community Capital Campaign Pledge Card 2024



Name/Company:	
Address:	
City:	State: Zip:
Email:	Phone:
Thank you for your generous Capital Pledge of:	
□ \$25,000 □ \$15,000	\$ 10,000 \$ 5,000 \$ 2,500
This pledge will be fulfilled over a period of: 1 2 3 4 5 years.	
Payment Method:	
Check Make Payable to: SOUTH SHORE YMCA	
□ Stock: □ DAF from:	
Credit Card – Please charge my card according to the schedule	
#	Exp. Date: zip code:
Payment Schedule:	
Monthly Quarterly Semi-annually Annually Other	
Begin Payment Date: Month:	
Recognition: I wish this gift to be anonymous Please use the following name(s) in all acknowledgements:	
The Y is a charity. Your donation is tax deductible.	
Donor Signature:	Date:

Return to or mail to: