



Please return to:  
**Metropolitan YMCA of the Oranges**  
 Office of Development  
 139 East McClellan Avenue  
 Livingston, NJ 07039

For More Information call (973) 758-9622 or visit [www.metroymcas.org](http://www.metroymcas.org).

**1. Donor Information:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. I would like to show my support with a gift of \$ \_\_\_\_\_**

**3. Payment Information**

Check Enclosed (Please make payable to \_\_\_\_\_ YMCA)

Credit Card:

Total Amount \$ \_\_\_\_\_ or  Payment(s) of \$ \_\_\_\_\_ in each circled month

Jan    Feb    Mar    Apr    May    Jun    July    Aug    Sep    Oct    Nov    Dec

Visa             MasterCard     AMEX             Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_

**4. Giving History**

**5. Additional Information**

I would like to learn more about becoming a YMCA Storyteller

Matching Gift Information: Employer Name: \_\_\_\_\_

Form Enclosed             Need further information

I have included the YMCA in my will, trust or other estate plans.

Send information on gifts through wills, trusts, appreciated assets, life insurance, or other deferred gift opportunities.

Please send me information on the 16<sup>th</sup> Annual Kids' Care Club Golf Tournament.

**6. Storyteller Information (To be completed by YMCA staff or storyteller)**

Storyteller Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

