

**Thank you for supporting your community by making a donation to the YMCA of Metropolitan Washington.**

Please print out this form, fill out all information and mail or fax the printout.

**TO MAIL** your donation, send the form along with payment to:

ATTN: Development  
YMCA of Metropolitan Washington Corporate Office  
1112 16th St., N.W., 7th Floor  
Washington, DC 20036

**TO FAX** your donation, fax your form to the Development Department at: 202.797.4486

**Personal Information**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Your Donation**

Amount you wish to donate \$ \_\_\_\_\_

You may have your donation go to the greatest need or designate a specific branch.

To designate a branch, name the branch here: \_\_\_\_\_

**Billing Information**

My check is enclosed

Send me a bill at the address below

Bill my credit card

Card Type:  Visa  Mastercard  Discover  American Express

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Check here if your billing address is different than the address above. If yes, please enter your billing information below:

Billing Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

**My company gives matching gifts.** Name of company: \_\_\_\_\_