



**TRIANGLE SOCIETY  
YMCA OF GREATER ROCHESTER**

**DONOR INFORMATION** *(please print or type)*

Name	
Spouse/Partner	
Mailing Address	
City, State, Zip	
Preferred Phone Number	
E-mail Address	

**LEVELS OF GIVING (paid over 3 years)**

- Visionaries**      **\$100,000 +**
- Trustees**      **\$50,000 to \$99,999**
- Founders**      **\$25,000 to \$49,999**
- Benefactors**    **\$15,000 to \$24,999**
- Patrons**      **\$10,000 to \$14,999**
- Fellows**      **\$5,000 to \$9,999**

**Please designate my gift as follows:**  
*(optional)*

Amount \_\_\_\_\_  
(Yearly/Specific Amount)

Branch/Camp Name \_\_\_\_\_

Amount \_\_\_\_\_  
(Yearly/Specific Amount)

Branch/Camp Name \_\_\_\_\_

Amount \_\_\_\_\_  
(Yearly/Specific Amount)

Branch/Camp Name \_\_\_\_\_

**PLEDGE INFORMATION**

**Please Start My Gift of:** \$ \_\_\_\_\_ / \_\_\_\_\_ on \_\_\_\_\_  
total yearly (Month/Year)

**Please Bill/Charge Me:** (Monthly) (Annually)

**Method of Payment:** (Cash) (Check) (Credit Card)

*(Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_)*

**Matching Gift Information:** \_\_\_\_\_  
(Form Enclosed) (Form To Be Sent)

**Recognition Name:**

Please use the following name(s) in all acknowledgments:

For Office Use Only:

Gift Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

I (we) wish for this gift to remain anonymous.

Donor(s) Signature \_\_\_\_\_

Date \_\_\_\_\_