



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA Camp Weaver
Annual Giving Campaign
HONOR YOUR FAVORITE COUNSELOR**

Each week during the summer around 300 kids get to form life-long friendships, set and reach goals, and try new activities at YMCA Camp Weaver. YMCA Camp Weaver provides \$50,000+ in scholarship money each summer to children in need so that all youth in our community have the opportunity to participate in enriching summer programs. This is just one of the many ways YMCA Camp Weaver helps to develop the potential of children.

If your child loved camp this summer, please say thank you to your child's favorite counselor by making a gift to Camp Weaver's "Send a Kid to Camp" Campaign in their honor. When you honor your child's counselor with a gift to the "Send a Kid to Camp" Campaign, you are ensuring that all children are able to have a life-changing camp experience.

Gifts of any amount are greatly appreciated and are 100% tax deductible. An acknowledgement of your gift will be sent to the counselor.

RECOGNITION SOCIETY	GIFT AMOUNT
Chairman's Roundtable Patron	\$5,000.00
Chairman's Roundtable Benefactor	\$3,000.00
Chairman's Roundtable Member	\$1,000.00
Mission Partner	\$750.00
Community Builder	\$500.00
Believer	\$250.00
Doubly Hourly Club (Special Staff Option)	\$174.00
125 Club (our Y's 125th Anniversary)	\$125.00
Friend	\$100.00
Hourly Club (Special Staff Option)	\$87.00
Helper	\$50.00
Supporter	\$25.00

Donor Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Gift Amount: I (we) pledge the amount of \$ _____ to the YMCA Annual Giving Campaign.

HONOR COUNSELOR - The counselor(s) being honored:

1. _____ 2. _____

3. _____ 4. _____

Amount included: _____

Payment Method:

Cash Check *Make payable to YMCA Camp Weaver (Check #)* _____

Debit or Credit Card (circle one): VISA MasterCard AMEX Discover

Card number _____ Exp. Date _____

Name on Card _____

OR

Bill Me: Please begin billing me on _____ (please provide card information above)

Monthly OR **Bi-Weekly** (circle one)

Matching Gifts: Does your company match charitable donations? If so please provide your company's information.

My gift will be matched by _____
(company/foundation/family)

Form enclosed

Will forward form to the YMCA

Donor Recognition: wish this gift to be anonymous Please use the following name(s) in

all acknowledgements: _____