



Please return this form to:
YWCA of Richmond
6 North 5th Street
Richmond, Virginia 23219

DONATION AND PLEDGE FORM

Contact Information:

Name: _____ Date: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Preferred Phone Number: _____
Email Address: _____
Employer: _____

Donation or Pledge & Type:

- Multi Year Pledge
\$ _____ each year for 3 years
- Single Year Pledge
\$ _____

Honorarium/Memorials

Please recognize my gift as:
In honor of: _____ *In memory of:* _____

Payment Options:

I would like to pay by:

- Check
made payable to the YWCA of Richmond for \$ _____
- Credit Card
Amount: \$ _____
Card Number: _____ *Exp. Date:* _____
Name on card: _____
Signature of Authorization: _____

- I would like to be invoiced for the donation or pledge amount
Invoices are sent out December 1 and June 1

Acknowledgement

Donations & pledges are recognized in the YWCA's Annual Report and Donor Acknowledgement lists.

- I give permission for my name to be published. Please list my name as show below

- I wish to remain anonymous