

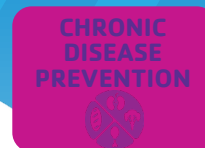
STRONG FOR THE FUTURE



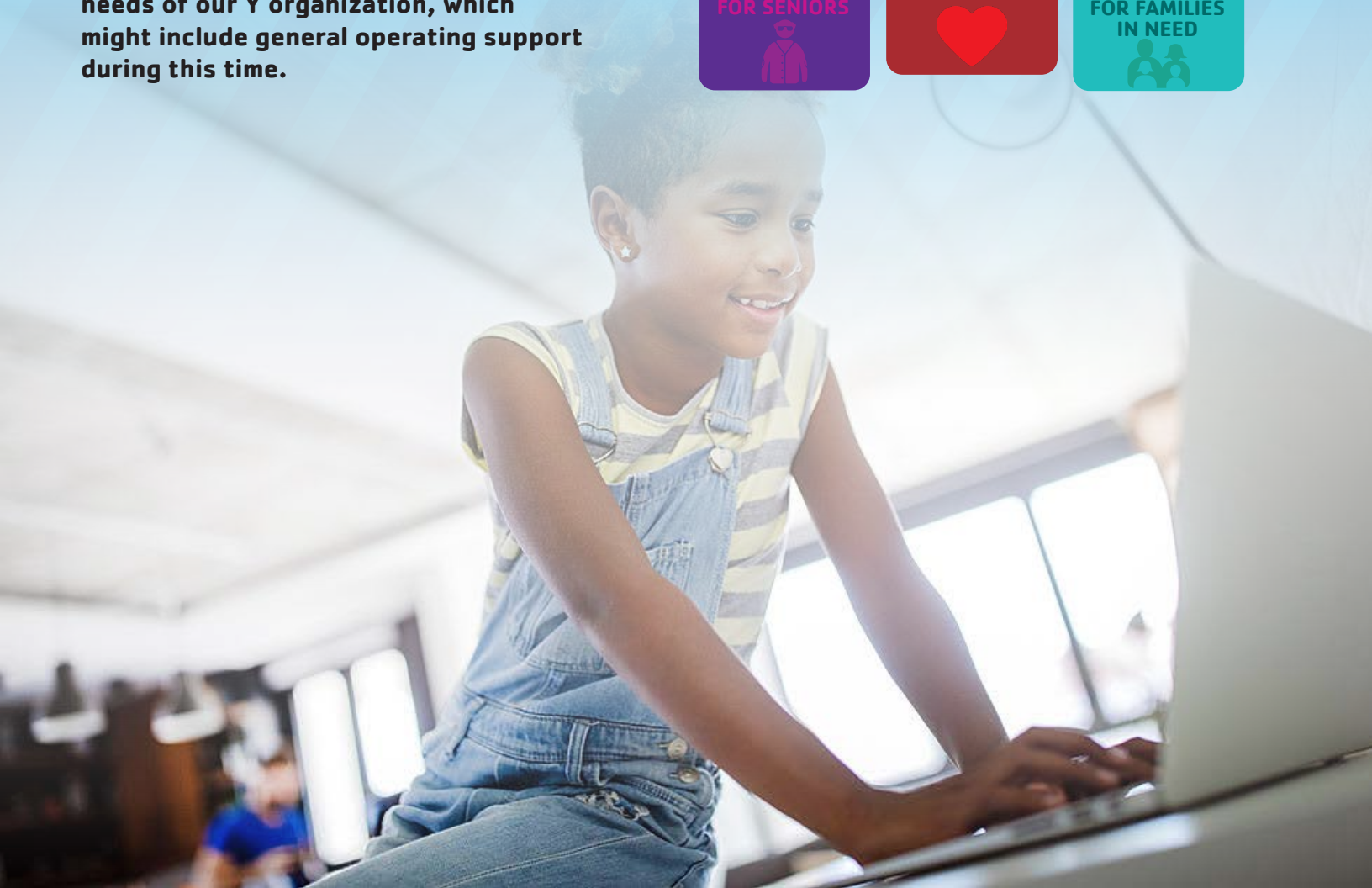
2020 Annual Campaign Case for Support HARRISON FAMILY YMCA

Support an organization that pivots to serve the community where it needs us most...

We are including COVID-19 relief funds for community responses and critical operations in our 2020 Annual Campaign. Of the funds raised, 100% will be used to meet the needs of our community and ensure the Y is strong for the long-term future. This will include typical Annual Campaign program support as well as the greatest needs of our Y organization, which might include general operating support during this time.

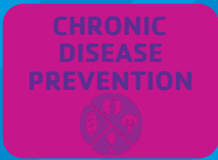


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



GIVE TODAY

FILL OUT THE PLEDGE FORM BELOW OR GIVE ONLINE
AT GIVE.CLASSY.ORG/STRONGFORTHEFUTURE



\$25 minimizes heart complications with a session of our Blood Pressure program.



\$120 helps prevent drowning with two sessions of Swim Lessons.



\$500 delivers 10,000 meals to families in need with our Food Distribution program.



\$1,170 provides two months of full-day out of school care with tutoring and homework support at our Learning Academy.

Fill out, detach & mail this pledge card to **Harrison Family YMCA, Attn: ANNUAL GIVING CAMPAIGN, PO Box 4063, Rocky Mount, NC 27803**

HARRISON FAMILY YMCA: Annual Giving Campaign

YES, I WANT TO HELP. HERE IS MY PLEDGE FOR:

My pledge: \$ _____
___ One Time ___ Monthly ___ Quarterly

My gift will be matched by my employer:

I have included, or plan to include, the YMCA of Northwest North Carolina in my estate plans.

PAYMENT OPTIONS (please select one option)

My personal pledge of \$ _____ will be paid by: (please choose one)

- | | |
|--|---|
| <input type="checkbox"/> Payment enclosed | <input type="checkbox"/> Please, bill me |
| <input type="checkbox"/> Credit Card or bank draft | <input type="checkbox"/> Now for single payment |
| <input type="checkbox"/> Please, call me at: _____ | <input type="checkbox"/> Quarterly (Start month: _____) |
| <input type="checkbox"/> I plan to pay my pledge from a donor-advised fund | <input type="checkbox"/> Monthly (Start month: _____) |
| | <input type="checkbox"/> Other |

Name: _____ Signature: _____

Address: _____

Email: _____ Phone: _____

Branch Designation: _____