

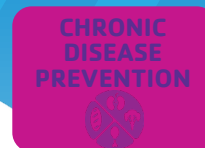
# STRONG FOR THE FUTURE



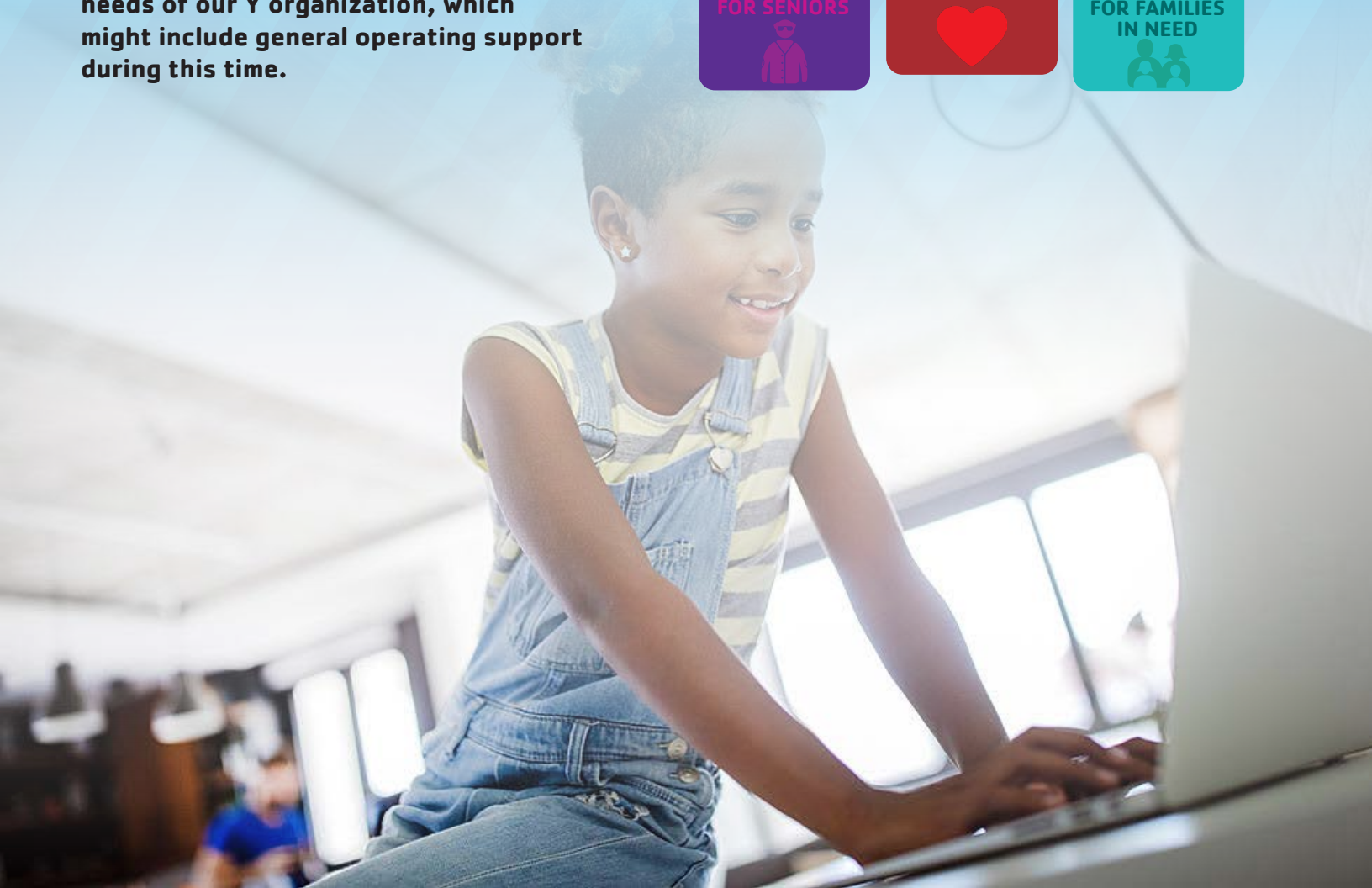
## 2020 Annual Campaign Case for Support HARRISON FAMILY YMCA

**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.**

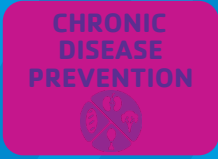


FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# GIVE TODAY

FILL OUT THE PLEDGE FORM BELOW OR GIVE ONLINE  
AT [GIVE.CLASSY.ORG/STRONGFORTHEFUTURE](http://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 covers the delivery cost for 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**

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)

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch Designation: \_\_\_\_\_