

YES! I'd like to BE A LIVESAVER to the SAVE OUR POOL! Drive:

DONOR INFORMATION

First Name:	Last Name:	
Business OR Recognition Name: I would like to be Anonymous		
Address:	Phone:	
City:	State:	Zip:
Email:		
PAYMENT & GIFT AMOUNT		
Levels of Giving:\$5000\$2000\$1000\$500\$100\$CUSTOM:	 Check- Make payable to the Waynesboro Area YMCA Credit Card (\$25 minimum)- pay online at waynesboroymca.org & click on DONATE MY TOTAL GIFT: \$	
SIGNATURE Your signature is required t	o authorize your gift/pledge	
Signature	Date	

Thank you for supporting our Save our Pool! Drive



