

# 2026 YMCA OF HONOLULU ANNUAL CAMPAIGN DONATION FORM

Name \_\_\_\_\_

Company \_\_\_\_\_ ☐ Provides Gift Match

☐ Home ☐ Work Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

## RECOGNITION

☐ I wish to be listed in recognition materials as follows: \_\_\_\_\_

☐ I wish to remain anonymous ☐ My gift is in honor/memory of \_\_\_\_\_

## CHECK ALL APPLICABLE:

- ☐ This is my first gift to the Y
- ☐ Send me information about being a President's Club Member (\$1,000)
- ☐ I am interested in or have already included the YMCA in my estate plan
- ☐ Contact me about a gift of stock

## MY DONATION

If applicable, who talked to you about making your gift? \_\_\_\_\_ Branch Designation \_\_\_\_\_

## GIFT INFORMATION

Amount Enclosed \$ \_\_\_\_\_

Make checks payable to: **YMCA OF HONOLULU**

Or please choose one of the pledge payment billing options below:

### PLEDGE TIMELINE: Total Gift: \$ \_\_\_\_\_

☐ One Time Payment \$ \_\_\_\_\_ Month \_\_\_\_\_

☐ Monthly Payment: \$ \_\_\_\_\_ Starting Month \_\_\_\_\_

☐ Quarterly Payment: \$ \_\_\_\_\_ Starting Month \_\_\_\_\_

### Make It A Recurring Gift Until I Tell You Otherwise:

☐ Annual Payment: \$ \_\_\_\_\_ Month \_\_\_\_\_

☐ Monthly Payment: \$ \_\_\_\_\_ Starting Month \_\_\_\_\_

☐ Quarterly Payment: \$ \_\_\_\_\_ Starting Month \_\_\_\_\_

## CREDIT CARD OR ONLINE AT: [ymcahonolulu.org/donate](https://ymcahonolulu.org/donate)

☐ Mastercard ☐ VISA ☐ American Express ☐ Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

## CREDIT CARD SIGNATURE FOR AUTHORIZATION

Signature \_\_\_\_\_

Date \_\_\_\_\_

SCAN TO  
DONATE ONLINE



Please return form and payment to: **YMCA OF HONOLULU, 1441 Pali Highway, Honolulu, HI 96813, or your local Y Branch.**

The YMCA OF HONOLULU is a nonprofit 501(c)(3). Tax ID# 99-0073533.  
Your donation may be tax deductible – Mahalo!