



Emergency Assistance Fund

Please complete this form (for check, credit or automatic debit only; no cash) and mail your donation with full details below

Name _____ Chapter _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Donation Year: _____ Donation Amount \$ _____

Your gift to EAF is tax deductible and allowed by law.

Donation Type

- One-time Donation
- Pledge
 - Split this Pledge into monthly payments: _____ (# of monthly payments)
 - Please send me a one-time Pledge reminder: (Circle one) **YES** **NO**
- Recurring monthly credit card payments

Payment Method

- Bank Draft-ACH (Automated Clearing House) – Please attach voided check
- Check # _____ is enclosed (Make out to **Emergency Assistance Fund**)
- Credit Card
 - Card Type (Circle one) **VISA** **MASTERCARD** **AMEXDISC** Card # _____
 - _____ Exp. Date _____ Security Code _____
 - Name as it appears on the card _____
 - Address _____ City _____ State _____ Zip _____
 - Signature _____

Please fill out this form and mail it to the following address:

Emergency Assistance Fund

c/o YMCA of the USA -- Financial Development
101 N Upper Wacker Dr, 16th Floor
Chicago, IL 60606

Secure on line Giving options: www.bit.ly/eaf-ymca