



**YMCA Emergency Assistance Fund**

**For credit card payments, skip form and go to [www.bit.ly/eaf-ymca](http://www.bit.ly/eaf-ymca)**

**For All Other EAF Pledges and Donations**

**Name/Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Email (if organization/main contact)** \_\_\_\_\_

**Annual Donation and Amount**

One Time Donation Amount: \$ \_\_\_\_\_

Make This a 3-Year Pledge: \$ \_\_\_\_\_ (Total)

\$ \_\_\_\_\_ (2025)    \$ \_\_\_\_\_ (2026)    \$ \_\_\_\_\_ (2027)

**Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Method** (Please do not send cash)

Check # \_\_\_\_\_ (Made payable to Emergency Assistance Fund)

Please check this box if you will use this pledge form as an invoice for your YMCA to process payment.

Make check payable to:

**YMCA Emergency Assistance Fund**

c/o YMCA of the USA

PO Box 7411037

Chicago, IL 60674-11037