



ANNUAL CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone () _____

Contributor's Signature: _____

Campaigner: _____

Donation: _____

Amount \$ _____

Payment Method: _____

Check (enclosed payable to YMCA)

Credit Card
(Visa/MasterCard/Discover/AMEX)

Card Number _____

Card Exp. Date ____ / ____

Name on Display _____

Donations may be dropped off at any location or mail to :

4901 Indian School Rd NE

Albuquerque, New Mexico 87110