Printed Name, Business	 MCA Member Matching Gift Program 			
Employer or Contact Na				
Mailing Address				_
City	S	State	Zip Code	_
Phone	Email		Designation (Branch or Program	1)
Pledge Amount	Signature (Required)			Date
□Cash enclosed \$ Credit Card: □Visa			CA of Orange County) Discover	imum)
-		Exp	Security Code (last 3 or 4 digits	on the back of card)
Card Number			Security Code (last 3 or 4 digits	
Card Number	an above)			



Pledge Card: 2023 Annual Campaign YMCA OF ORANGE COUNTY

Employer or Contact Nam	🗆 Matching Gift Program		
Mailing Address			
City	State	Zip Code	
Phone	Email	Designation (Branch or Prog	gram)
Pledge Amount	_ Signature (Required)		Date
I will fulfill my gift a	s follows:		
	Check (payable	to YMCA of Orange County)	minimum)
Credit Card: □Visa	□ Mastercard □ Amex	Discover	
Card Number	Exp	Security Code (last 3 or 4 d	igits on the back of card)
Name on card (if different than	above)	Signature	
Billing Zip Code (if different the	n above) Campa	igner Name	
To learn more, com Beth MacAller bmacaller@ymcaoc.o (714) 508-7639			Return or mail to: YMCA OF ORANGE COUNTY 13821 Newport Ave, Suite 200 Tustin, CA 92780 (714) 508-7639 ymcaoc.org/donate

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