



Pledge Card: 2026 Annual Campaign

YMCA OF ORANGE COUNTY

Printed Name, Business, or Organization _____ YMCA Member

Employer or Contact Name _____ Matching Gift Program

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____ Designation (Branch or Program) _____

Pledge Amount _____ Signature (Required) _____ Date _____

I will fulfill my gift as follows:

Cash enclosed \$ _____ Check (payable to YMCA of Orange County) Invoice (\$25 minimum)

Credit Card: Visa Mastercard Amex Discover

Card Number _____ Exp _____ Security Code (last 3 or 4 digits on the back of card) _____

Name on card (if different than above) _____ Signature _____

Billing Zip Code (if different than above) _____ Campaigner Name _____

To learn more, contact:

Sara Tiersma
stiersma@ymcaoc.org
714-508-7620

Return or mail to:

YMCA of Orange County
13821 Newport Ave Suite 200
Tustin, CA 92780
ymcaoc.org