



BUILD THE UMYH WELLNESS CENTER

A HEALTHY FOUNDATION FOR EVERY FUTURE.

PLEDGE FORM

Donor(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Public Recognition

The United Methodist Youth Home may publicly acknowledge my/our commitment.

☐ Yes ☐ No

Please list our gift as follows:

Terms of Pledge

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

☐ I am supporting this campaign today
with a gift of: \$ _____

☐ Multiple year payment
of pledge: \$ _____

Beginning on (date): _____

To be paid over (yrs): 1 2 3

Please bill me: ☐ Annually ☐ Quarterly
☐ Monthly ☐ Other:

Method of Payment

Check payable to:

United Methodist Youth Home

Credit Card:

<https://umyh.org/wellness-center/>



Planned Gifts and Stock:

Please contact the Development Department

By signing below, I/we commit to giving the amount(s) specified to the UMYH Health & Wellness Center capital campaign, as detailed in the payment schedule above.

Donor 1 Signature: _____ Donor 2 Signature: _____ Date: _____

Thank you for your charitable contribution.



United Methodist Youth Home, Inc. ● 2521 N. Burkhardt Rd ● Evansville, IN 47715 ● 812-479-7535 ● umyh.org

Donations are tax-deductible to the extent allowed by law. A 501(c)3 organization EIN 31-0951608