



**Annual Family
Appeal**

2705 Techny Road
Northbrook, IL 60062

**Yes!
I support
the North
Suburban
YMCA**

Amount

- \$50
 \$100
 \$200
 \$300
 Other
\$_____

Payment

Name _____

Bill Me

Check Enclosed

(payable to North Suburban YMCA)

Visa

MasterCard

American Express

Discover

Card Number _____

Expiration Date _____

Signature _____

Please send me _____

Gift-of-Health Certificate(s).

(Minimum donation of \$50 required
for each single-member
certificate requested)

***Rather pay online?
Go to
www.nsymca.org***

Your Gift of Health donation to the YMCA Strong Kids Campaign is deductible for federal income tax purposes to the extent it exceeds \$20 for each \$50 donated, the estimated value of services provided by NSYMCA

Please print your name as you would like to listed for recognition

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

