

WE ALL NEED THE Y.



In one way or another, we are all connected to the Y. Maybe it's where you learned to swim, or how to play basketball; maybe you met your best friend in an exercise class and now your kids play together. The Y is a vital part of our community, a welcoming, safe place to learn new skills, connect with others and get support.

As a nonprofit organization, we never turn away someone who needs a membership or a Y program. Last year we provided over *\$95,000 in scholarship's* to local youth, adults and families. Your donation helps fund our scholarship programs.

For a better you. For a better community. For a better us.

\$100

Day Camp Partner

Allows a disadvantaged youth the opportunity to be involved in a week of summer day camp where they will be safe, active and learn new skills and values.



\$250

Afterschool Partner

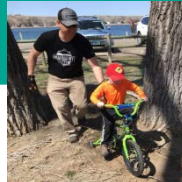
Allows a child to attend 6 weeks of our licensed KidStop After School program with their friends where they are safe, active & learning.



\$500

Membership Partner

Sponsor a single parent family, a senior citizen on a fixed income or a person with a disability so that they can enjoy the benefits of YMCA Membership.



\$1,000

Chairman's Round Table

Chairman level donors provide us the resources to make a deep impact in our community by providing sliding fees and scholarships for membership and all of the programs we offer.



The YMCA is a 501(c)3 non-profit organization. With your support, people of all ages and walks of life will be more healthy, confident, connected, and secure. when you give to our annual campaign, **100%** of your gift will have an enduring impact right in your own neighborhood.

CONTRIBUTION FORM

Community Partner

\$50 \$100 \$250 \$500

Other \$ _____

Community Champion

\$1,000 \$2,500 \$5,000

Other \$ _____

Name _____

Organization _____

Address _____

Town _____

State _____ Zip _____

Phone _____

Email _____

>PAYMENT METHOD

Check: Enclosed payable to Oahe Family YMCA

Credit Card - Visa, MasterCard, AMEX, Discover (circle one)

Please Bill Me (circle months)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Number _____

Expiration Date _____

Cardholder Name _____

Signature _____

Date _____

My company will match my donation

I would like to learn more about including the Oahe Family YMCA in my estate plan

Thanks to our Donors & Volunteers, the Y is here for Everyone. Everyday.