



the  FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GIVE THE GIFT OF POSSIBILITY

## TOGETHER WE CAN BUILD A BETTER US

Our community is all too familiar with the words “early onset dementia, Alzheimer’s type.” When Ginny was first diagnosed, she didn’t know where to turn. Naturally she turned to the internet. In her search, she discovered that the Y was offering a pilot program to enhance the lives of Alzheimer’s patients, their families and caregivers.

Ginny walked into the Y, and as she was inquiring about the new program, her eyes filled with tears. Ginny was overwhelmed that the Y cared and was innovative enough to design a program specifically for people with early onset Alzheimer’s. “The Y has everything from regimented exercise programs to social classes like Line Dancing that improve cognitive function. In just three months I have learned to face the challenges of my diagnosis and found a place of grace at the Y,” says Ginny.

When you donate to your local Y, you’re donating for a better us by creating a community that supports healthy living by addressing chronic disease among children and adults and supporting their physical, intellectual and spiritual strength.

**To learn more about giving to the Y:**

**YMCA OF EAST TENNESSEE**

**Annual Campaign**

865 525 9622 [www.ymcaknoxville.org](http://www.ymcaknoxville.org)

**The Y.™ FOR A BETTER US.™**

BRANCH

- Downtown Y
- Cansler Y
- West Side Y
- North Side Y
- Davis Y

**YMCA OF EAST TENNESSEE**  
**ANNUAL CAMPAIGN**  
 Year \_\_\_\_\_

# COUNT ON ME

Name \_\_\_\_\_

Recognition Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Total Amount Pledged \$** \_\_\_\_\_

**One Time Payment Now of \$** \_\_\_\_\_

Check Attached  Cash  Credit Card (Complete below)

Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp \_\_\_/\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bill credit card on \_\_\_/\_\_\_/\_\_\_ (date)

**In Payments of \$** \_\_\_\_\_ **made:**

Monthly  Quarterly  Semi-Annually: on \_\_\_ day of the month

Please add my monthly gift payment to my existing Y membership bank draft

Please bill me on or before \_\_\_/\_\_\_/20\_\_\_ for one time gift

Payroll Deduction (Y Staff Only) total pledge of \$ \_\_\_\_\_

Per Pay Period Deduction of \$ \_\_\_\_\_

As a One Time Gift Deduction of \$ \_\_\_\_\_

Payment Begins \_\_\_/\_\_\_/\_\_\_ (date)

Payment Ends \_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
 Signature Authorizing Payment Method Date

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 All contributions are tax-deductible to the extent allowed by law and are acknowledged in writing.