

BE PART OF  
SOMETHING  
**BIG**

**2023**

**FRIEND OF YOUTH  
ANNUAL GIVING  
CAMPAIGN**



**YMCA of the Golden Crescent**

# 2023 GOAL

# \$100,000

## HOPE • PROMISE • OPPORTUNITY

Be a part of this campaign and give the gift of hope. Together we can build a better community for all.

Imagine the impact you will have on the citizens of the Golden Crescent. Through your support, the Y will be enhancing the lives of many families, children and seniors.

## 2022 SCHOLARSHIPS

Childcare	\$147,110
Membership	\$59,510
Youth Sports	\$9,107
Classes	\$1,995
Aquatics	\$1,014

# LEVELS OF GIVING

Century Club \$100  
Patron of Youth \$250  
Youth Sponsor \$500

**CHAIRMAN'S  
ROUND TABLE**  
Grand Club \$1,000  
Chair's Circle \$3,000  
Benefactor \$5,000

## MAKE AN IMPACT...

**\$1,236** - Provides 1 child 12 weeks of summer camp and allows them to learn teamwork, responsibility and core values.

**\$768** - A single parent can join the Y and spend time with their children.

**\$450** - Allows 2 children of a single parent to attend 1 month of safe, caring and educational activities through Y After School Care.

**\$360** - Provides 8 children 8 swim lessons so they can learn how to stay safe in the neighborhood pool.

**\$85** - A child can learn the benefits of playing in youth sports.

**\$80**- Give a senior 2 months of water exercise classes to help manage their arthritis.

If you wish to make a contribution, please send the Donor Card to:

YMCA of the Golden Crescent  
1806 N. Nimitz, Victoria, TX 77901  
Victoria, Texas 77901

# 2023 ANNUAL CAMPAIGN DONOR CARD

1806 N. NIMITZ, VICTORIA TX 77901

361-575-0511

In support of the YMCA's Friend of Youth Campaign  
I commit \$ \_\_\_\_\_ to the following branch:  
\_\_\_\_ Barbara Bauer Briggs Family Branch  
\_\_\_\_ Calhoun County YMCA

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Campaigner Name

\_\_\_\_\_  
Donor Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## DONOR RECOGNITION:

Anonymous

Acknowledge my gift under the following name:  
\_\_\_\_\_

## I WILL PAY MY GIFT AS FOLLOWS:

My check is enclosed

Please invoice me in \_\_\_\_\_ (Month)

Deduct monthly from my bank account

Charge my  VISA  MC  AMEX  Discover

\_\_\_\_\_  
Card Number

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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

## MATCHING GIFT PROGRAMS

Matching gift programs enable employees to support the YMCA at an even higher level through corporate matching gift support. Inquire about your company's policy on matching gift opportunities.

\_\_\_\_\_  
Signature