



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the Sandhills Membership Status and Mission Support Form

FIRST NAME: _____
LAST NAME: _____
DATE OF BIRTH: _____

Your YMCA:

- *Provides financial assistance for low income families
- *Provides free membership for Purple Heart recipients
- *The YMCA supports Character Development in our youth programs
- *Provided remote learning services during COVID school shutdown

We hate to see you go but understand life changes. We hope the YMCA has made a positive impact on you and your family and wish you the very best. We hope you will consider continuing to support the Y Mission. Your gift of just \$5.00 per month will enable the Y to continue these services and leave a legacy for future generations. We will recognize your charitable donation on our webpage and social media accounts.

I would like to support the Mission of the YMCA with a \$5.00 monthly donation with a tax deductible, monthly draft. I understand I can cancel this at anytime via email to:
SaleebyYMCA@ymcaofthesandhills.org

I approve the donation: _____ I decline the donation: _____

REASON FOR CANCELLATION:

NOT UTILIZING FACILITY _____ RELOCATION _____ FINANCIAL _____ MEDICAL _____
HOURS OF OPERATION _____ UNSATISFACTORY FACILITY/SERVICE _____
OTHER _____

As the Primary member on my account, I am submitting 30 days written notification to cancel the automatic draft for YMCA Membership.

MEMBER SIGNATURE: _____ Date: _____

FOR STAFF USE ONLY: FINAL DRAFT DATE: _____ MEMBERSHIP EXPIRES ON: _____
STAFF NAME: _____