

# GIVE



**ONLINE:**

[www.ccaymca.org/give](http://www.ccaymca.org/give)



**BY MAIL:**

Attn: Simran Rattan  
Cumberland Cape Atlantic YMCA  
1159 East Landis Ave.  
Vineland, NJ 08360



**BY PHONE:**

Simran Rattan  
Annual Giving Coordinator  
Cumberland Cape Atlantic YMCA  
(856) 691-0030, ext. 118

The YMCA is a nonprofit organization whose mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

## THROUGH YOUR GENEROSITY, TOGETHER WE CAN:

Support kids, adults, seniors and families with programs that protect, teach, connect, heal, nourish and encourage. Everything we do helps communities and the "us" who live in them thrive.



**ANNUAL CAMPAIGN**

# GIVE FOR A BETTER US

Cumberland Cape Atlantic YMCA



**GIVE FOR A BETTER US**

**GRATEFUL THE Y IS PART OF OUR FAMILY.**

As previous Y Cares recipients, we know the value the Y can provide to family time, health, and overall well-being. The YMCA has had a huge impact on my family. We have been members for several years, my children have attended summer camp and taken swim lessons at the Y. The YMCA has provided a safe space for my family to grow and come together.

The Y is not only a place for physical well-being, but mental as well. It has motivated my son to regain his strength and the pool has been therapeutic for my daughter.

We are so grateful to have the Y as part of our family!

– 2021 Y Cares Recipient Family

**COMMUNITY PROGRAMS YOU HELP FUND:**

**Y Cares Financial Assistance** – Our YMCA believes that everyone should have access to the essentials needed to learn, grow and thrive. We offer financial assistance to those in need who meet eligibility requirements. These Y cares scholarships cover a percentage of the recipient’s YMCA membership.

**Diabetes Prevention Program** – Offered to the community at no cost, the program helps those at high risk adopt and maintain healthy lifestyles and reduce their chances of developing type 2 diabetes.

**Livestrong at the YMCA** – This is a free small-group program that helps adult cancer survivors reclaim their health and well-being following a cancer diagnosis.

**Blood Pressure Program** – This program empowers you to take control of your blood pressure by supplying you with the tools you need to monitor your blood pressure from home.



**YOUTH DEVELOPMENT**

All kids deserve the opportunity to discover who they are and what they can achieve, under the guidance of caring adults who believe in their potential. We see every interaction with young people as an opportunity for learning and development all grounded in the Y’s core values of caring, honesty, respect and responsibility.



**HEALTHY LIVING**

We help people and families build and maintain habits that improve their everyday lives. By helping kids, adults, families and seniors from all walks of life improve their health and well-being, we build a stronger community.



**SOCIAL RESPONSIBILITY**

With our doors open to all, we bring together people from all backgrounds, to support those in need. We take on the most urgent needs in our community and inspire a spirit of service in return. Our members, volunteers, supporters and staff demonstrate the power of what we can achieve by giving back together.

**Thank you for your donation! Please fill out this pledge card completely. Online Giving – [www.ccaymca.org/give](http://www.ccaymca.org/give)**

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please select method of payment below: 2021 Gift Amount: \$ \_\_\_\_\_ (Total must be paid by 12/31/2021)**

Cash/ Check (Made payable to CCA YMCA)

Bank Draft (Please include voided check)

Amount to be deducted: \$ \_\_\_\_\_

Monthly  Quarterly  Annually

Bill me quarterly (4x) throughout 2021

Send me a payment reminder in: \_\_\_\_\_ (month)

Credit/ Debit Card

Name on card: \_\_\_\_\_

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

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

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CID #: \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_

**Please tear off and mail to the address on reverse side.**