TRIANGLE SOCIETY
ARLINGTON–MANSFIELD AREA YMCA

The **Triangle Society** charter marks a decisive moment in the Arlington–Mansfield Area YMCA's history – an opportunity to honor the legacy of the Y's founding fathers and establish an enduring tradition in anticipation of future generations of supporters.

BENEFITS

Unique opportunities to see the Y mission in action

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Opportunities to interact with Triangle Society members including the area's top business leaders and philanthropists
• Triangle Society Reception

....

Recognition as a member of the Triangle Society on donor recognition

....

Display items for your office or home recognizing your commitment to the Y

LEVELS OF GIVING
(paid over 3 years)

Visionaries	$100,000+
Trustees	$50,000 to $99,999
Founders	$25,000 to $49,999
Benefactors	$15,000 to $24,999
Patrons	$10,000 to $14,999
Fellows	$5,000 to $9,999
Champions	$3,500 to $4,999

The Triangle Society recognizes the YMCA's most generous donors who know the organization well and are committed to its bold vision and bright future. The Triangle Society recognizes donors to the Annual Fund who make a multi-year pledge of $3,500 or more over a three-year period.

The Arlington–Mansfield Area YMCA gives every person in our community the opportunity to learn, grow and thrive. Members of the Triangle Society ensure that the Y continues to make this mission a reality for years to come.

TRIANGLE SOCIETY
ARLINGTON–MANSFIELD
AREA YMCA

Y FOR ALL

DONOR INFORMATION ☐ Individual Gift   ☐ Corporate/Organization Gift

Name: _____   Spouse/Partner Name: _____

Org/Corp (if applicable): _____

Address: _____

City: _____   State: _____   Zip: _____

Phone: _____   Email: _____

What is the best way to contact you?   ☐ Phone   ☐ Mail   ☐ Email

LEVELS OF GIVING (paid over 3 years)

☐ Visionaries $100,000+
☐ Trustees $50,000 – $99,999
☐ Founders $25,000 – $49,999
☐ Benefactors $15,000 – $24,999
☐ Patrons $10,000 – $14,999
☐ Fellows $5,000 – $9,999
☐ Champions $3,500 – $4,999

GIFT INTENDED TO SUPPORT:
Y Location(s): _____
Y Program(s): _____

CHOOSE ONE:
☐ Please split my gift evenly over 3 years
☐ Please list specific dollar amount you would like to be billed for each year:
Year 1: _____
Year 2: _____
Year 3: _____

PLEDGE INFORMATION

Total pledge amount: $_____

Please bill me (choose one): ☐ Annually (beginning on: _____)   ☐ Monthly (beginning on: _____)

Method of payment (choose one): ☐ Check ☐ Credit Card (visit amaymca.org/donate or call Teri McGuill 817–299–9629)

Matching gift information: ☐ Form enclosed   ☐ Form to be sent

RECOGNITION INFORMATION

Please use the following name(s) in all acknowledgements: _____

_____

☐ This gift is in honor/memory of: _____
☐ I (we) wish for this gift to remain anonymous.

Donor Signature: _____   Date: _____

THANK YOU!
Please return this form to the Arlington–Mansfield Area YMCA, 78 Regency Parkway, Mansfield, TX 76063