



BECAUSE OF

YOU

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# IMPACT HAPPENS HERE

We have an extraordinary opportunity at the YMCA to ensure a brighter future for our community.

Because of YOU, Children learn confidence and teamwork, families grow stronger together, and seniors find connection and purpose. Every gift makes a difference—right here, where impact happens. Your support helps us open doors, nurture potential, and strengthen the foundation of community.

We all share—one life, one story, one act of giving at a time.

## DONATE TODAY!



[TUSCYMCA.ORG/GIVE](https://TUSCYMCA.ORG/GIVE)

Contact Jenny Dallas  
jenny@tuscymca.org | 330-364-5511 Ext 305

### YOUR GIFT SUPPORTS

\$104,312

in Financial Assistance

\$82,877 in Membership

362 Membership Units

666 Individual Memberships

\$21,435 in Program Assistance



27x2

27 Preschoolers &

27 After School

Students learned, thrived and grew

in our Childcare Programs



347

Children gained skills, confidence and teamwork in Youth Sports Programs



144

Children learned safety and life-saving skills in swim lessons



31

Youth in Leaders Club and Kids in Action Programs learned leadership and lifeskills



### WHERE YOUR DONATION GOES

\$65 Provides one session of youth sports for a child

\$180 Provides one month of Preschool Learning for a child

\$205 Provides one week of Summer Camp for a youth

\$800 Provides a struggling family with YMCA Membership for one year

Change makes an impact!

# LIVES ARE CHANGED BECAUSE OF YOU

## YMCA MISSION MOMENT:

### From a Mother's Heart

The Y's financial assistance allowed my teen to prepare himself for his upcoming military career. It gave my son, absent a father, a safe space to hang out and see healthy men on their own path to wellness. The High School would call and say "Your son left in the middle of the school day again..." I knew where he was— safe at the Y. My son self-corrected his health issues using the YMCA facility in his teenage years. before developing an interest in physical fitness, he was very socially backwards and shy as well. He is now a strong, confident, capable young man, ready to be a United States soldier. I'd like to thank the community as I send my youngest child to boot camp. The YMCA has been there for us since my babies were babies. The bright, well-rounded, intelligent, physically healthy young adults that my three are now... it was truly an "it takes a community" effort. thank you from the bottom of my mothering heart. -B.B.



Please return this completed form to the Tuscarawas County YMCA | Attn: Jenny Dallas



# 2026 ANNUAL CAMPAIGN TUSCARAWAS COUNTY YMCA DONOR FORM



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## STEP ONE: DONOR INFORMATION

Mr.  Mrs.  Ms.  Other \_\_\_\_\_  Individual  Organization/Corporation  Board Member

Donor First Name \_\_\_\_\_ MI \_\_\_\_\_ Donor Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization/Corporation (if applicable) \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## STEP TWO: PAYMENT OPTIONS

2026 GIFT/PLEDGE TOTAL:

Pay Now  Cash  Check # \_\_\_\_\_ payable to Tuscarawas County YMCA  Declined to Give at this time  
 Please Invoice Me  One Time \$ \_\_\_\_\_  Quarterly Amount \$ \_\_\_\_\_/x 4  Monthly Amount \$ \_\_\_\_\_/x 12  
 Credit Card  One Time \$ \_\_\_\_\_  Quarterly Amount \$ \_\_\_\_\_/x 4  Monthly Amount \$ \_\_\_\_\_/x 12  
 VISA  MC  DIS  AE Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Mail To: Tuscarawas County YMCA, 600 Monroe Street, Dover, Ohio 44622  
 501(c)(3) non profit donations are tax deductible.  
 For more information call Jenny Dallas 330-364-5511 ext 305  
 To make an online donation visit <https://tuscymca.org/give>.

**2026 Annual Campaign  
Goal \$135,000**

\_\_\_\_\_  
**DONOR SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_  **Make My Gift Perpetual** (donation remains the same every year unless you decide to increase, decrease or cancel).

## STEP THREE: GIFT INFORMATION

Recognition Name: \_\_\_\_\_  Do not publish my name

Matching gift will come from donor's or spouse's employer below:

Organization/Corporation \_\_\_\_\_ Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## CAMPAIGNER & OFFICE USE ONLY:

Campaigner Name \_\_\_\_\_  Face-to-Face  Phone Call  Email  Mailing  
 Reviewed By \_\_\_\_\_ Pledge Entry Date: \_\_\_\_\_ Thank You Date: \_\_\_\_\_