

BANNER ORDER FORM:

Full Name: _____

Email: _____

Type of Recognition: ☐ Corporate ☐ Individual

Select Your Level: ☐ Champion ☐ Partner ☐ Advocate ☐ Friend

Select your Location*: ☐ North Gym ☐ South Gym ☐ Pool

*Desired banner location will be honored based on availability.

Name to appear as*: _____

*If corporate, please email your logo as a jpeg or png to caraa@giymca.org

Payment Type: ☐ Check* ☐ Credit Card

*Make checks payable to "Grand Island YMCA" and mail to:

Attn: Linda Bosard

Grand Island YMCA

221 E South Front Street

Grand Island NE 68801

Name on Card: _____

Card Number: _____

Expiration: ____/____ CVV: ____

Signature: _____

(I authorize Grand Island YMCA to process my payment.)

For more information, contact Cara, Linda, or Brooke
caraa@giymca.org, lindab@giymca.org, brookef@giymca.org
or 308.395.9622

THANK YOU FOR SUPPORTING THE GRAND ISLAND YMCA!