EXPANDING POSSIBILITIES
Your Y, Our Future

CHILD DEVELOPMENT CENTER & GYM EXPANSION

- **The demand for quality child care continues to grow. Expansion addresses our local child care crisis.**
- **The Y's growth in membership and programs has escalated the demand for gym time.**

Project Scope:
- Doubling the Child Development Center square footage to serve up to 108 additional children.
- Double the square footage of the Y Gym Area.

Expected Outcomes
- Address the shortage of quality child care services provided in Dodge County.
- Continue to meet the growing membership and program demands at the Y.

Total Project Cost
- **$3.7 M – 65 additional kids**
- **$4.0 M – 89 additional kids**
- **$4.4 M – 108 additional kids**

the **Y** YMCA

$3.7 Million	$4.0 Million	$4.4 Million
65 Children	87 Children	108 Children
10,662 Ft²	12,735 Ft²	14,807 Ft²

YOU CAN HELP
EXPAND POSSIBILITIES

- **To date, *we have raised $3.4 Million*!**
- **We are asking you to help us raise *$300,000 – $1 Million more* to ensure we can continue to serve the needs of our Dodge County communities.**
- **The Beaver Dam Community Hospital Foundation has pledged a $1.5M matching gift to this worthy project.**
- **Gifts of any amount will make a difference and help change lives.**
- **Project Timeline: Groundbreaking in March 2026 with its completion by the fall of 2026.**

RECOGNITION WALL

While all donors will be acknowledged, special recognition opportunities are available for gifts of $10,000 or more. Your recognition will be prominently displayed at the YMCA of Dodge County.

- **$1.5 Million Visionary Level**
- **$1 Million Champion Level**
- **$500,000 Leader Level**
- **$250,000 Partner Level**
- **$100,000 Mentor Level**

YES! I WANT TO MAKE A DIFFERENCE.

To Donate Online, Visit theydc.org/expandingpossibilities

My total pledge is $ _____.

☐ 1 Year ☐ 2 Years ☐ 3 Years

Please invoice me:

☐ Full Amount

☐ Monthly ☐ Quarterly ☐ Annually

beginning _____.

Signature_____

Date_____

Name _____

Company _____

Address_____

City _____State___ Zip_____

Primary Phone _____

Email _____

Name to appear in recongnition:

_____

SCAN ME

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