



## Your Information

Dr.  Ms.  Mrs.  Mr.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI LAST NAME SUFFIX

\_\_\_\_\_  
HOME ADDRESS  Check if this is a new address APT. #

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE BUSINESS PHONE

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
HOME EMAIL ADDRESS  preferred

\_\_\_\_\_  
BUSINESS EMAIL ADDRESS  preferred

**Thank you!** Your generosity makes our community stronger. Learn more about the impact of your gift at [yourunitedway.org](http://yourunitedway.org)

We'd like to recognize you in our publications. Please tell us how you'd like your name to appear:

I wish to remain anonymous

**Are you a 10+ year United Way donor?**

We want to honor you through our Loyal Contributors Program. What year did you start giving to United Way?

## Your Gift to United Way - Learning. Leading. Uniting Our Community.

Support United Way of Greater Richmond & Petersburg in building long-term community solutions.

YOUR GIFT

\$ \_\_\_\_\_

AND/OR

### Focus Areas

- EDUCATION** Support child and youth development, creating opportunities for learning, health and stability for our region's young people
- INCOME** Help our neighbors thrive through programs that grow prosperity
- HEALTH** Promote health and wellness across our region and throughout life

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Another Community NonProfit

Would you like to designate funds to a community agency?  
*Note: A minimum gift of \$25 is required to give directly to an agency*

Agency Name, Address  I wish to remain anonymous to the agency.  
*Only 501(c)(3) nonprofits in our region are eligible. Please see our website for details.*

\$ \_\_\_\_\_

## Giving Options

OR

### Payment Options

- Credit Card — Please visit [yourunitedway.org](http://yourunitedway.org)  
*Note: A \$25 minimum gift is required*
- Personal Check — Please make check payable to United Way Greater Richmond & Petersburg, and mail to P.O. Box 11807, Richmond, VA 23230
- Reminder — Please remind me to make my contribution
  - Monthly  Quarterly  One Time

### Payroll Deduction (Per Pay Period)

Number of pay periods: \_\_\_\_\_  
 \$1000  \$250  \$100  \$50  \$25  \$10  
 Other \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for making Richmond & Petersburg stronger together. LIVE UNITED.**

Please keep a copy of your paystub, W-2 or other employer document showing amount withheld and paid to charitable organizations.

**Mailing Address:** P.O. Box 11807, Richmond, VA 23230 **Phone:** 804-771-5820 **E-mail:** [customerservice@yourunitedway.org](mailto:customerservice@yourunitedway.org)