



STEP 1 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 _____

PREFERRED PHONE Land (Home) Land (Business) Cell _____

PREFERRED EMAIL ADDRESS _____

EMPLOYER _____ EMPLOYEE ID # _____

Thank you!

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 in publications.

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?

YEAR _____

STEP 2 YOUR GIFT

Payment Options

- 1 **Credit Card** — Please visit yourunitedway.org
Note: A \$10 minimum gift is required
- 2 **Personal Check** — Attached and payable to United Way.
- 3 **Bill Me** — Please bill me for my contribution.
Note: A \$20 minimum gift is required



4 Payroll Deduction (Per Pay Period)

| AMOUNT PER PAYCHECK | # OF PAY PERIODS |
|---|------------------|
| <input type="checkbox"/> \$1000 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 | X _____ = |
| <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 | |
| <input type="checkbox"/> Other \$ _____ | |

TOTAL ANNUAL GIFT

\$ _____

SELECT BILLING FREQUENCY

Monthly Quarterly One Time (add date) MM / YY

Optional: INVESTMENT OPTIONS

Most Impact: Support all of United Way's Steps to Success.

\$ _____

and/or

I want to support a specific step on United Way's Steps to Success.

Indicate your preference here. See reverse for options.

\$ _____

Another Community Agency

Would you like to designate funds to a 501(c)(3) community agency?
Note: A minimum gift of \$24 is required to give directly to an agency

\$ _____

Agency Name, Address _____

I wish to remain anonymous to the agency.

Total here should match Total Annual Gift above

STEP 3 YOUR SIGNATURE

Signature _____

Date _____

Thank you for investing in your community through United Way.

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Mailing Address: P.O. Box 6388, Richmond, VA 23230 **Phone:** 804-771-5820 **Website:** yourunitedway.org **Email:** customerservice@yourunitedway.org