



## Step 1 Your Information

PREFIX:  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)  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 Contributions Program. What year did you start giving to United Way?

YEAR \_\_\_\_\_

## Step 2 Your Gift

### Payment options

1  CREDIT CARD Please visit [YourUnitedWay.org](http://YourUnitedWay.org)

2  PERSONAL CHECK Attached and payable to **United Way**

3  BILL ME Please bill me for my contribution



4  PAYROLL DEDUCTION (Per Pay Period)

SELECT BILLING FREQUENCY:  Monthly  Quarterly  One Time (add date) MM/YY

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

**TOTAL ANNUAL GIFT**

**\$**

## 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 SIDE FOR OPTIONS.

**Another Community Agency**  I wish to remain anonymous to the agency

Would you like to designate funds to 501(c)(3) community agency?

*Note: A minimum gift of \$24 is required to give directly to an agency*

AGENCY NAME, ADDRESS \_\_\_\_\_

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

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

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

Total here should match **TOTAL ANNUAL GIFT** from above

## Step 3 Your Signature

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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.

**THANK YOU FOR SUPPORTING YOUR UNITED WAY**

Mail form to: P.O. Box 6388, Richmond, VA 23230 | 804-771-5820

[YourUnitedWay.org](mailto:YourUnitedWay.org) | [customerservice@YourUnitedWay.org](mailto:customerservice@YourUnitedWay.org)



United Way of Greater Richmond & Petersburg

