

Step 1 Your Information

PREFIX: Dr. Ms. Mrs. Mr. Mx.

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 # (OPTIONAL) _____

GIVING COMMUNITIES

We offer several Giving Communities that bring together local leaders from a variety of backgrounds. From volunteering to leading programs to making generous financial commitments, our giving community members are some of our most engaged supporters. Visit YourUnitedWay.org/giving-communities to learn more about Giving Community eligibility.

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

I wish to remain anonymous in publications.

Step 2 Your Gift

ONLINE

Scan this QR code or visit YourUnitedWay.org/donate to make a monthly, quarterly or one-time donation through credit card.



NOTE: A \$10 MINIMUM GIFT IS RECOMMENDED

PAPER

<input type="checkbox"/> PERSONAL CHECK Attached and payable to United Way	<input type="checkbox"/> PAYROLL DEDUCTION Amount Per Paycheck:	Number of Pay Periods:	TOTAL ANNUAL GIFT: \$ _____
<input type="checkbox"/> BILL ME Please bill me for my contribution SELECT BILLING FREQUENCY:	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100	X _____ = \$ _____	
<input type="checkbox"/> MONTHLY <input type="checkbox"/> ONE TIME (ADD DATE) MM/YY	<input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10		
<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER \$ _____		

NOTE: A \$10 MINIMUM GIFT IS RECOMMENDED FOR 'PERSONAL CHECK' AND 'BILL ME' OPTIONS

Optional Investment Options

Maximize Your Impact: Give to the United Way Community Impact Fund

Select the impact area(s) you would like your gift to support:

- Improving health and well-being for all \$ _____
- Helping young people realize their full potential \$ _____
- Building financial stability and strength \$ _____
- Addressing urgent needs today and advancing a better tomorrow \$ _____

Support another Community Agency

Designate funds to a 501(c)(3) community agency \$ _____

Note: A gift of less than \$50 will be treated as a gift to United Way programs and initiatives.

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 for payroll deduction contributions. Consult your tax advisor for more information.

THANK YOU FOR SUPPORTING YOUR UNITED WAY
 Mail form to: P.O. Box 11807, Richmond, VA 23230 | 804-771-5820
YourUnitedWay.org | customerservice@YourUnitedWay.org | [f](#) [t](#) [in](#) [v](#)