

MY INFORMATION

Please print **BOLDLY** and legibly on this donor form using a **BLUE** or **BLACK INK PEN**.
Personal information, including email, is held in strict confidence and is never sold or shared.

PREFIX _____ FIRST NAME _____ M.I. _____ LAST NAME _____
 DATE OF BIRTH (MM/DD/YY) _____ EMPLOYER _____
 HOME ADDRESS _____
 CITY _____ ZIP _____ TELEPHONE NUMBER _____ CELL _____ HOME _____ WORK _____ EMPLOYEE ID or DEPARTMENT _____
 EMAIL ADDRESS _____ HOME _____ WORK _____
 I would like information on how my contribution is getting results.
 I think long-term. Tell me about estate planning.
 I am a Loyal Contributor. I have given to United Way since: _____ (year)

MY INVESTMENT

Choose how you want to invest in your community.

LEVELS OF GIVING

YES! THE COMMUNITY INVESTMENT FUND
It's the best way to show you care!

OR, direct your pledge to:

- EDUCATION** Helping children and youth succeed
 INCOME Creating financial stability and independence
 HEALTH Keeping communities healthy

For other giving options, see brochure for codes:
Designations to agencies that are not United Way affiliates or become ineligible will be redirected to the Community Investment Fund.

- \$250 + Emerging Leaders Society (young professionals)
- LEADERSHIP CIRCLES**
- \$500 - \$999 Bronze
- \$1,000 - \$2,499 Silver
- \$2,500 - \$4,999 Gold
- \$5,000 - \$9,999 Platinum
- \$10,000 + Alexis de Tocqueville Society

Be a Leader in Giving! \$500 per year is only \$1.37 a day!

MY DONATION

1. Easy Payroll Deduction
 Amount per pay period: \$10 \$15 \$25 \$50 1.5% 2% 2.5% of my salary Other _____
 Number of pay periods per year: 52 (weekly) 26 (bi-weekly) 24 (bi-monthly) 18 (school year) 14 (school year) 12 (monthly) Other _____
 My Total Annual Gift: \$
 2. One-Time Payroll Deduction: Minimum \$5.00. (Not offered by all employers. Check with your company coordinator.) \$ _____
 3. Check: Payable to UNITED WAY OF THE COASTAL BEND. Check #: _____ Check Date: _____ \$ _____
 4. Cash: Attached. _____ \$ _____
 5. Bill Me: Minimum \$50. _____ My Total Annual Gift: \$ _____
 6. Credit Card: Minimum \$50. _____ My Total Annual Gift: \$ _____
 Card #: _____ Exp. Date: _____ CID #: _____ (3-4 digit number on the back of credit card)
 Visa MC AMEX Discover
 For options 5 and 6, bill / credit card: One time Quarterly Monthly Start Date: _____

LEADERSHIP CIRCLE giving recognition (If you would like to be recognized along with a spouse or partner who is also a United Way donor, please provide their name and employer.)

Please list my/our name(s) as Leadership Circle donor(s) in United Way publications as:

 or Anonymus
 Spouse/Partner name: _____
 Spouse/Partner employer: _____ (if applicable)

MY SIGNATURE:

(Required)

DATE:

DONOR RECORD: Please record your gift and retain this portion for your records.

NAME: _____ GIFT/PLEDGE AMOUNT: _____

GIFT/PLEDGE DATE: _____ GIFT TYPE: Payroll Deduction One-time gift

No goods or services were given in exchange for this contribution.
 This stub is only an acknowledgement of a pledge made and is not intended to be a tax receipt.

Thank You!