

## MY INFORMATION

Please print **BOLDLY** and legibly on this donor form using **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 \_\_\_\_\_ SUFFIX \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_ EMPLOYER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ EMPLOYEE ID OR DEPARTMENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ I DO NOT WANT TO RECEIVE EMAILS REGARDING THE IMPACT OF MY DONATION, VOLUNTEER OPPORTUNITIES OR EVENT REGISTRATION.

## 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!

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.*

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**I AM A LOYAL CONTRIBUTOR**  
I have given to United Way for 10+ years.  
Since \_\_\_\_\_ (year)

### LEADERSHIP CIRCLES

- \$1,000 - \$2,499 Silver
- \$2,500 - \$4,999 Gold
- \$5,000 - \$9,999 Platinum
- \$10,000 + Tocqueville Society

## MY DONATION

## CONTRIBUTION INFORMATION - CHOOSE ONLY ONE

<b>PAYROLL DEDUCTION</b> I want to contribute the following each pay period <i>When calculating, INCLUDE CENTS - DO NOT ROUND TO THE NEAREST DOLLAR</i>	\$ _____ . _____ X _____ = \$ _____ . _____ Amount Pay Periods Total Payroll Deduction Gift
<b>CASH/CHECK</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check (make payable to United Way of the Coastal Bend) Check # _____ Check Date _____	\$ _____ . _____ Total Cash/Check Gift
<b>CREDIT CARD</b> (\$50 minimum) Visit uwcb.org for secure online giving.	\$ _____ . _____ Total Credit Card Gift
<b>DIRECT BILL</b> (\$50 minimum) Please check one <input type="checkbox"/> One time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Start Date _____	\$ _____ . _____ Total Direct Bill Gift
Signature Required _____ Date _____	\$ _____ . _____ <b>GRAND TOTAL OF ANNUAL GIFT</b>

### 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:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  **Anonymous**

Spouse's/Partner Name \_\_\_\_\_

Spouse's/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  Direct Bill

*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.  
United Way of the Coastal Bend will never sell, share or trade donor information with any third party.*

# THANK YOU!



United Way of the Coastal Bend  
4659 Everhart Road  
Corpus Christi, TX 78411  
361.882.2529 | uwcb.org