



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.

DATE OF BIRTH (MM/DD/YY) _____ 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

PAYROLL DEDUCTION 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
CASH/CHECK <input type="checkbox"/> Cash <input type="checkbox"/> Check (make payable to United Way of the Coastal Bend) Check # _____ Check Date _____	\$ _____ . _____ Total Cash/Check Gift
CREDIT CARD (\$50 minimum) Visit portal.uwcb.org/eplodge/ _____	\$ _____ . _____ Total Credit Card Gift
DIRECT BILL (\$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 _____	\$ _____ . _____ GRAND TOTAL OF ANNUAL GIFT

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:
 _____ Anonymus
 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!



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