



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.

\$10,000+ Tocqueville Society
Those who make an annual donation of \$10,000 or more are granted membership into our Alexis de Tocqueville Society.

MY DONATION

CONTRIBUTION INFORMATION - CHOOSE ONLY ONE

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

LEADERSHIP CIRCLE If you would like to be recognized along with a spouse or partner, please provide their name.

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

 Anonymus

Spouse's/Partner Name _____

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!

