

Thank you for investing in **what matters.**TM



1

YES! I WANT TO INVEST IN MY COMMUNITY

I choose **EASY PAYROLL DEDUCTION**

A) I want to invest the following amount each pay period:

\$50 \$25 \$10 \$5 Other \$ _____

B) My pay period is (number of times I am paid per year):

Weekly (52) Monthly (12) Other _____
 Biweekly (26) Semi-Monthly (24)

c) My annual community investment is:

A x B = \$

OR **SINGLE PAYMENT**

\$

- PERSONAL CHECK OR CASH ENCLOSED
- BILL ME ON ___/___/___ (\$25 MINIMUM QUARTERLY)
- SECURITIES OR STOCK (UNITED WAY WILL CONTACT YOU)
- CREDIT CARD (CHECK ONE)
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD ACCOUNT NUMBER (NO DASHES)

CARD EXPIRATION DATE (MM/YY)

A GIFT OF \$1,000 OR MORE QUALIFIES ME/US FOR MEMBERSHIP IN THE KIPLING LEADERSHIP CIRCLE.

- Please combine my gift with that of my spouse/partner. My spouse/partner's name and employer is:
Name _____, Employer _____
- I would like more information on leadership or planned giving opportunities with United Way of Windham County.

2

I WANT TO CHOOSE HOW TO INVEST IN MY COMMUNITY

I choose to make the most impact on my community. Please invest my contribution in the **United Way of Windham County Community Fund** so that I can help respond to basic needs, help develop prevention programs, and help create lasting change in my community.

AND/OR I want this portion of my contribution to be invested in United Way of: _____ County, State: _____ Zip: _____ \$

AND/OR I want to direct this portion of my contribution to a specific health or human service agency. By choosing this option I understand United Way of Windham County does not provide fiscal or program oversight for the use of this gift. \$

Agency name _____

Agency complete address: _____

Agency name _____

Agency complete address: _____

United Way of Windham County may share my name and address with the specific agencies YES NO

If United Way has any questions about my pledge, I will be contacted at the address/phone listed below.

If I cannot be reached or do not respond to an inquiry, I authorize United Way to direct my contribution to the United Way of Windham County Community Fund.

3

MY CONTACT INFORMATION IS AS FOLLOWS:

(Please see the back page for United Way's Privacy Pledge.)

First Name (PLEASE PRINT)

MI

Last Name

Number & Street Address (should match billing address if you are using a credit card)

City

State

Zip Code

-

Company Name

(Optional): Department or Employee Number

Email Address: (Used ONLY by United Way to provide occasional updates and volunteering opportunities)

I would like this gift to remain anonymous in United Way publications and other public recognition.

SIGNATURE (REQUIRED) _____

DATE ___ / ___ / ___