

## My Information Please Print.

Mr.  Mrs.  Ms.  Dr.

Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Email \_\_\_\_\_

Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Please provide your email so we can show you how your contribution is making a difference!

### Let Us Know:

- I will be retiring this year.  I wish my gift to be anonymous.  
 How do I include United Way in my will to leave a lasting legacy?

## GIVE. Choose an option below.

### Payroll Deduction Option

I would like to give  
 \$\_\_\_\_\_ per pay period  
 My total gift \$\_\_\_\_\_

I receive my paycheck:  
 Weekly (52 pays)  
 Every 2 weeks (26 pays)  
 Twice a month (24 pays)  
 Monthly (12 pays)  
 Other (\_\_\_\_pays)

### Fair Share Option

I would like to give one hour's pay  
 Per month \$\_\_\_\_\_ X \_\_\_\_\_ # of pay periods,  
 For a total yearly pledge of \$\_\_\_\_\_

### Direct Billing Option

I would like to give  
 \$\_\_\_\_\_ (total amount)

Bill me: Once \_\_\_\_\_  
 Month Preferred  
 Bi-annually (2 times)  
 Quarterly (4 times)  
 Deduct from Bank Account  
 (complete Direct Payment)

### Direct Gift Option

My gift of  
 \$\_\_\_\_\_ is attached

Payment Method:  
 Cash  
 Check— payable to  
 United Way of Colquitt Co.  
 Stock—Contact United

### Loyal Contributors

I have been contributing to (any) United Way for \_\_\_\_\_ years.

## How do you want to invest in your community?

### Option A

United Way of Colquitt County Community Fund  
 The most powerful way to invest your gift. Volunteers distribute to programs meeting the most critical needs. Gifts without designation will be directed to this fund.  
 \$\_\_\_\_\_

### Option B

- Education \$\_\_\_\_\_ Helping children and youth achieve their potential  
 Health \$\_\_\_\_\_ Improving people's physical and mental health  
 Income \$\_\_\_\_\_ Helping families become financially stable and independent

### Option C

Donor Designation \$\_\_\_\_\_

Specific Organization \_\_\_\_\_

**NOTE:** A \$25 minimum designation is required for donor designation. Eligible agencies must be a nonprofit health and human service agency providing services to Colquitt County or another United Way.

## ADVOCATE.

Sign me up for the United Way of Colquitt County newsletter.

## VOLUNTEER.

Contact me to volunteer.

### Sign Here

X Signature \_\_\_\_\_ Date \_\_\_\_\_

# THANK YOU!

To comply with new IRS regulations, if you choose to contribute by payroll deduction, you must retain a copy of this pledge form in addition to your pay stub or W-2 Form to document your gift to UWCC. No goods or services have been given, in whole or part, for this contribution. Giving is a personal decision. United Way has a strong policy against coercion. United Way respects your privacy and does not rent, trade or sell lists of donors.