

YOU MAKE US UNITED



United Way of St. Joseph County

LIVE UNITED

#1 MY INFORMATION

Mr./Mrs./Ms./Dr. First Name M.I. Last Name Jr./Sr.

Primary Email Indicate if Personal or Work Email

Home Address City

State Zip Home Phone Cell Phone Birthdate MM/DD/YY

Employer

#2 MY GIFT

I would like my gift to remain anonymous

PAYROLL DEDUCTION

I would like my gift to automatically renew each year as a continuous donor.
*You will be contacted each year to confirm or make changes to your pledge, though changes can be made at any time.

\$ X = \$

Amount Per Pay Period # Of Pay Periods Total Payroll Deduction

GIFT IS ATTACHED

*Checks Payable to United Way of St. Joseph County

CASH CHECK CHECK NUMBER:

\$

Total Annual Gift

BILL ME

*Home Address Required | \$50 Minimum

ONE TIME \$: QUARTERLY \$: MONTHLY \$:

START DATE

\$

Total Annual Gift

CREDIT CARD

*Initial Charge Made Upon Receipt

ONE TIME \$: MONTHLY \$:

\$

Total Annual Gift

CARD NUMBER: VISA MASTER DISCOVER AMERICAN EXPRESS

EXP DATE: BILLING ZIP: EMAIL *REQUIRED*:



Thank You!

#3 ADDITIONAL OPTIONS

PLEASE COMBINE MY GIFT WITH MY SPOUSE/PARTNER'S CONTRIBUTION!

THEIR NAME:

THEIR EMPLOYER:

PLEASE LIST ME/US AS:

AN ANNUAL INDIVIDUAL, OR COMBINED HOUSEHOLD CONTRIBUTION OF \$1000 OR MORE QUALIFIES FOR RECOGNITION AS A MEMBER OF THE ALEXIS COQUILLARD SOCIETY.

ALEXIS COQUILLARD SOCIETY (\$1,000 + Annually) TOCQUEVILLE SOCIETY (\$10,000 + Annually)

PLEASE DIRECT MY GIFT TO: IMPACT AREA: EARLY LEARNING YOUTH SUCCESS STABLE FAMILIES CRITICAL NEEDS

ANOTHER UNITED WAY: UWSJC IMPACT PARTNER:

*\$50 Minimum for all designations

*16.42% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars

*A complete list of UWSJC Impact Partners is available at uwsjc.org

No goods or services were provided in exchange for this contribution. Please keep a copy of this form as well as your W2 and paystubs for your tax records.