

MY INFORMATION

Your personal information is confidential. We never rent, trade, or sell our donor's information.

Mr. / Mrs. / Ms. / Dr. First Name _____ MI _____ Last Name _____

Home Address _____ ZIP _____
For credit card charges, address listed must be your billing address

Cell Phone _____ Home Phone _____

Email _____
Personal Business

Company Name _____

Birthday ____/____/____ I've been contributing to United Way since _____. I'm a member of a Union _____
List Name

ADDITIONAL INTERESTS

- I'm between 23-36 years old and want to learn more about Emerging Philanthropists
- I'm retiring soon and want to continue to invest in United Way of Pierce County
- I'd like to explore including United Way in my will and estate planning
- Keep me informed about volunteer opportunities

DONATION

I want to make an investment to help lift 15,000 households out of poverty and into self-sufficiency by 2028, one family at a time.

Please select how you would like your gift invested in the community.

BASIC NEEDS: A SOLID FOUNDATION GIFT \$ _____
 I am connecting Pierce County families to basic needs such as food, clothing and shelter so they can move out of crisis.

2-1-1: BREAKING DOWN BARRIERS GIFT \$ _____
 I am supporting 2-1-1 to connect local families to critical resources and navigation services such as behavioral health, housing, transportation and employment.

STRONG FAMILIES: ACHIEVING FINANCIAL STABILITY GIFT \$ _____
 I am ensuring that families become financially stable and can thrive by supporting free and personalized financial, employment and educational coaching.

I would like to make an additional gift and designate to another nonprofit 501(c)(3) GIFT \$ _____
minimum \$25
 I am providing the name and address, including ZIP code. I understand that a processing fee will be applied toward this gift.

Nonprofit Name _____

Address _____ ZIP Code _____

MY TOTAL ANNUAL GIFTS \$ _____

PAYMENT OPTIONS

Cash \$ _____ **Check #** _____ **\$ Amount** _____

Credit Card \$ _____ Please circle one: One Time Monthly Quarterly

Please Circle one: VISA MASTERCARD AMEX DISCOVER

Card Number _____ Exp Date (MM/YYYY) _____

Billings Start Date (MM/YYYY) _____

Payroll Deduction I want to contribute the following amount each pay period:

\$ _____ X _____ (pay periods per year) = \$ _____ Total Payroll Deduction Pledge

I want to become a LEADERSHIP DONOR with a gift of \$1,000 or more (\$20 a week)

Preferred Name for Recognition _____ I'd prefer to remain anonymous

SIGNATURE

DATE

Thank you for your contribution to United Way of Pierce County. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld if you give through payroll deduction. Consult your tax advisor for more information. To find a list of current community/funded partners visit www.uwpc.org/community-partners