

1. DONOR INFORMATION

PLEASE PRINT CLEARLY. Your personal information is confidential and will not be sold or shared.

First Name	M.I.	Last Name	Birthdate (for sweepstakes eligibility)	
Street Address		City	State	Zip
Phone Number _____		<input type="radio"/> Home <input type="radio"/> Cell	Home Email _____	
Employer _____		<input type="radio"/> I plan to retire in the next 14 months		
<input type="radio"/> Combine my Gift with _____		Employed at _____		
<small>(Name of spouse/significant other)</small>				
List our names as _____		<input type="radio"/> I/We wish to be anonymous		
I would like to receive information on: <input type="radio"/> Volunteer opportunities <input type="radio"/> Planned giving <input type="checkbox"/> I will be making a donation through a donor advised fund.				

2. CHOOSE TO BELONG (OPTIONAL)

EMERGING LEADERS MEMBER
A networking and leadership opportunity for young professionals

WOMEN UNITED MEMBER
A network of women interested in philanthropy and volunteerism

RETIRED UNITED
A group for retirees who value philanthropy and volunteerism and share their skills and expertise to make a meaningful difference in our community

SUMMIT LEAGUE MEMBERSHIP (\$600+)

- Base Camp (\$600-749)
- Camp 2 (\$750-999)
- Camp 3 (\$1000-1599)
- Camp 4 (\$1600-2599)
- Camp 5 (\$2600-3999)
- Final Ascent (\$4000-9999)
- Tocqueville (\$10,000+)

3. PLEDGE INFORMATION

- PAYROLL DEDUCTION**
of \$ _____ each pay period for # _____ pay periods
- ONE TIME GIFT**
enclosed check # _____
Amount: \$ _____
- ACH (Attach voided check)**
Monthly gift of \$ _____ for _____ months

My Total Contribution is _____

Signature _____

Date _____

CREDIT/DEBIT CARD: Pay securely online with your credit card, or provide your daytime phone and we will call you for your information.

Phone Number: _____



UNITING TO THRIVE

Send \$ _____ of my contribution to the following United Way funded program:

Program Name & Designation Code (\$50 minimum).

See funded program listing at www.unitedwaymc.org. Your gift to a program will be the first dollars that program receives towards its grant. If total designations exceed the grant amount we have always honored requests; however, United Way has the explicit authority to redirect these gifts if necessary.

Please send my contribution to another United Way: _____
Name of United Way (\$50 minimum)

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.