

Please ensure that your gift is processed correctly by printing **BOLDLY and LEGIBLY** on this donor form and by using a **BLUE OR BLACK PEN**. United Way does not sell, trade or disclose its donors' personal information.

1. Please tell us about yourself

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME	SUFFIX
EMPLOYER		EMPLOYEE ID		
HOME ADDRESS				APARTMENT NUMBER
CITY	STATE	ZIP CODE	TELEPHONE NUMBER <input type="radio"/> HOME <input type="radio"/> WORK <input type="radio"/> CELL	
EMAIL (PROVIDING YOUR EMAIL ADDRESS HELPS US CUT POSTAGE COSTS)				

2. Please select a payment option

EASY PAYROLL DEDUCTION I want to contribute the following amount:
 \$5 \$15 \$25 \$50 other \$_____ each pay period for: 10 12 24 26 52 pay periods.

CASH (please attach) **PERSONAL CHECK** (please attach and make payable to United Way)

PLEASE BILL ME (home address above - **minimum gift of \$50** required for this option) Please specify:
 monthly OR semi-annually OR annually OR quarterly. Beginning ___/___/___ (will begin 01/09 if not noted)
 payment on pledge made TODAY in amount of \$_____ (will be billed for balance)

CREDIT CARD (home address required above) (mark one) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER	EXPIRATION DATE (MM/YY)
_____	____/____

one time payment monthly OR semi-annually OR annually OR quarterly. Beginning ___/___/___ (will begin 01/09 if not noted)

BANK DRAFT (home address above - **minimum gift of \$50** required for this option) Please specify:
 one time payment monthly OR semi-annually OR annually OR quarterly. Beginning ___/___/___ (will begin 01/09 if not noted)

Bank Name _____

Routing # _____ Account # _____

3. My total annual gift is \$ _____ . _____

- My individual or household gift of \$1,000 or more qualifies me as a member of the LaFar Society.
- My individual gift of \$500 or more qualifies me as a member of the Pillar's Club.
- I wish for my gift to remain anonymous.
- I have been a United Way supporter for: 5 10 15 20 25 30 other _____ years.

4. Please sign and date

X _____
 Signature (required) Date (month/date/year)

Optional - If you would like to make a specific designation, please don't forget to include the Community Impact Fund in your choices. You can check online at www.unitedwaygaston.org for a complete listing of funded programs and agencies or call 704-864-4554. **A minimum of a \$50.00** annual contribution is required to process a designation.

CODE	NAME OF ORGANIZATION	ANNUAL DOLLARS
2 5 8 6 7	Community Impact Fund	\$ _____ . _____
_____	_____	\$ _____ . _____



White Copy: United Way

Yellow Copy: Employer

Pink Copy: Donor