

TELL US ABOUT YOURSELF

Mr. Mrs. Ms. Dr. Date of Birth _____

Full Name _____

Employer _____ Employee ID _____

Home Address _____

City _____ State _____ Zip _____

Home Email Address _____

Cell Phone _____

I wish to remain anonymous.

Signature _____ Date _____

No goods or services were provided in exchange for this contribution.
Please consult with your tax advisor regarding charitable giving deductions.



DECIDE HOW MUCH & HOW TO GIVE

EASY PAYROLL DEDUCTION

I want to contribute this amount each PAY PERIOD:

\$50 \$25 \$10 \$5 \$3 \$ _____ other

$$\begin{array}{r} \times \quad \text{_____} = \$ \quad \text{_____} \\ \text{\# OF PAY PERIODS} \quad \text{TOTAL} \\ \text{MONTHLY (12), BI-WEEKLY (26), TWICE A MONTH (24), WEEKLY (52)} \end{array}$$

I want to contribute this amount each month:

3 Hours 2 Hours 1 Hour \$ _____ per month

CARE SHARE PLUS CARE SHARE

CASH, CHECK OR BILL ME

I would like to pay by check (attached) \$ _____ Check# _____ Date _____
Make payable to United Way of Southern Kentucky

I would like to make a one time cash investment of (attached) \$ _____

Bill me (\$100 minimum - must provide home address above)

Enter amount of donation \$ _____ One Time Quarterly Monthly

INCREASE MY IMPACT

Imagination Library: In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$35/year.

Number of children I wish to sponsor: _____ x \$35 = _____

2-1-1 Contact Center: In addition to my annual gift, I would like to sponsor the 2-1-1 Contact Center with a donation of \$35.

TOTAL PLEDGE

Annual Contribution: \$ _____

Imagination Library Contribution: \$ _____

2-1-1 Contact Center Contribution: \$ _____

TOTAL PLEDGE: \$ _____

CHOOSE COUNTY (optional)

Allen Barren Butler Edmonson Hart
 Logan Metcalfe Monroe Simpson Warren

FOCUS MY INVESTMENT (optional)

- INFLUENCE THE CONDITION OF ALL**
The most powerful way to invest your contribution!
or choose one...
- EDUCATION** Prepare children, youth and young adults to succeed in school and life.
- INCOME** Ensure people have the appropriate skills to maintain a living wage employment.
- HEALTH** Increase access to quality, affordable health and crisis intervention services.
- SAFETY NET** Basic needs are met in a timely manner through a coordinated system of resources.

LET US KNOW!

My gift of \$1000 or more qualifies me for membership in the Leadership Circle! (Designations to non-UW funded programs do not qualify for Leadership Circle.)

Please list my name as:

I plan to retire within the next 3 years.

Please combine my gift with my spouse's gift.

Spouse's Name _____

Spouse's Employer: _____



United Way of Southern Kentucky

United Way of Southern Kentucky
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