

## 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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