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

x _____ = $ _____
#OFPAY PERIODS TOTAL

MONTHLY(12),BI-WEEKLY (26),TWICEAMONTH(24),WEEKLY (52)

I want to contribute this amount each month:

☐ 3 Hours ☐ 2 Hours CARESHAREPLUS ☐ 1 Hour CARE SHARE ☐ $ _____ per month

CASH, CHECK OR BILL ME

◯ I would like to pay by check (attached) $ _____ Check# _____ Date _____

◯ 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.

Number of children I wish to sponsor: _____ x $25 = _____

☐ **211 Contact Center:** In addition to my annual gift, I would like to sponsor the 211 Contact Center with a donation of $25.

TOTAL PLEDGE

Annual Contribution: $_____

Imagination Library Contribution: $_____

211 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
Southern Kentucky

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One copy of this form will be given to United Way, One copy will be submitted to payroll, and please keep a copy for your records.