



1 MY INFO

PREFIX FIRST NAME MI LAST NAME

OTHER NAMES (i.e. MAIDEN NAME, ETC.)

HOME ADDRESS CITY STATE ZIP

EMAIL ADDRESS

HOME PHONE WORK PHONE BIRTH DATE

COMPANY NAME EMPLOYEE ID

LOYAL CONTRIBUTOR

I have been contributing to United Way since _____ (year) (includes any United Way)

I WOULD LIKE INFO ON

- Including United Way in my will, trust, or estate plan.
- Volunteering in my community.

2 MY GIFT

TOTAL GIFT AMOUNT \$

EASY PAYROLL DEDUCTION

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\
 \text{Amount Per Pay} \quad \text{Number of Pay Periods} \quad \text{Total Gift Amount}
 \end{array}$$

CHECK Check # _____ Check Date _____
Payable to United Way of Monongalia and Preston Counties

CASH

CREDIT CARD

_____ / _____
Credit Card No. Exp. Date.

BILL ME Now One Time - Jan. 1st Quarterly in 2025

3 MY INVOLVEMENT

LEADERSHIP GIVING ASSOCIATION

Founders Society
\$750 - \$999

Zackquill Morgan Society
\$1,000 - \$9,999

Tocqueville Society
\$10,000 or above

For publishing recognition, please list my name as follows: (Include additional person's name if preferred)

I/We prefer to not be published

Emerging Leaders
Connects a diverse group of young individuals with the United Way to make an impact on their community.
-No minimum amount -Age range (20-40 years old)

WOMEN UNITED
Harnesses the power and dedication of women leaders to transform local communities. Focuses on education initiatives.
-No minimum amount -Participation in annual fundraising

4 MY INVESTMENT

United Way Community Impact Fund

The most powerful way to invest your contribution. Trained volunteers study community conditions and meet with every agency applying for United Way Funding to ensure informed decisions are made before investing your gift locally.

Preston Community Impact Fund

Directs your gift specifically to programs and funded partners serving Preston County.

Designated Gift If not a United Way Funded Partner, administrative costs will be deducted. A \$100 minimum contribution per agency is required for this option.

THE AGENCY'S COMPLETE NAME AND ADDRESS	AMOUNT
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Release my information Please release my name, address, and gift information to the charities I have designated my gift.

Sign Here: _____

Date: _____

Thank You!