

United Way of Whatcom County

unitedwaywhatcom.org
 1500 Cornwall Avenue Ste 203
 Bellingham WA 98225
 Tel:360-733-8670 Fax: 360-733-8674

LIVE UNITED



Contact Information *(Personal information including email is never shared)*

First Name M.I. Last Name

 Home/Mailing Address City State Zip Code

 Home Telephone Home Email (Never Shared)

 Work Telephone Ext. Company Name/Employer

Payment Information *(All donations automatically go to our Community Impact Fund unless you specify otherwise)*

1. Cash/Check: Enclosed, made payable to United Way \$ _____
 2. Easy Payroll Deduction: _____ x _____ = \$ _____
Amount per pay period (\$100, \$50, \$30, \$15, \$10, \$___) No. of pay periods Total

3. Bill Me: Minimum \$30 annual gift. *Home address required* \$ _____
 4. Automatic Credit Card Charge: Minimum \$30 annual gift. *Home address required* \$ _____

Card #
 Credit Card Exp. Date: ___/___/___
 Visa MC Am Ex Discover

For options 3 and 4, bill/charge me: One Time Quarterly Monthly

I would like more information about volunteering on the Fund Distribution Committee
 I have given to United Way for 20 years or more
 I'd like to explore including United Way of Whatcom County in my will

Leadership Giving: *(Special recognition given to contributors giving a combined household total of \$1,000 or more.)*

Please list me/us in recognition materials as: _____
 Please DO NOT list me/us in recognition materials. I/we wish to remain anonymous
 This is a joint gift with my spouse/partner. *(Gift may be combined with spouse/partner for recognition.)*

Spouse's/Partner's Name

Spouse's/Partner's Employer

Make the Most Difference!

Your donation will automatically go to our Community Impact Fund which includes:

- Education: Strong Kids
- Income: Stable Families
- Health: Vibrant Communities

Amount to Community Impact Fund:

100%

OR

OPTIONAL: A gift to our Community Impact Fund includes all three of these areas but you can choose to direct your gift if you prefer:

EDUCATION: STRONG KIDS

Create stable families, help kids learn to read and prepare for school, and help increase the graduation rate.

Amount to Education:

\$

INCOME: STABLE FAMILIES

Break the cycle of poverty, increase workforce preparation and employment, and ensure safe and stable housing.

Amount to Income:

\$

HEALTH: VIBRANT COMMUNITY

Help youth and adults avoid risky behaviors, increase medical access, and families recover from violence/abuse.

Amount to Health:

\$

I would like to restrict \$ to the following 501(c)(3) non-profit. \$100 minimum and name of agency, city, and state required in box below:

For further information on requirements and fees on your restricted donation go to our website or call our office at (360)733-8670. No goods or services were provided in exchange for this contribution. Gifts made to United Way of Whatcom County are tax deductible. If you contributed via payroll deduction, please keep a copy of this form and W-2 from your employer to claim on your taxes.

Signature

(Required)

DATE

My total gift \$