## **United Way of Whatcom County**

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## **Contact Information** (Personal information including email is never shared) M.I. **Last Name** First Name Home/Mailing Address City Zip Code Home Telephone Home Fmail (Never Shared) Work Telephone Company Name/Employer **Payment Information** (All donations automatically go to our Community Impact Fund unless you specify otherwise) ☐ I would like more information about 2. Easy Payroll Deduction: volunteering on the Fund Amount per pay period No. of pay (\$100, \$50, \$30, \$15, \$10, \$\_\_) **Distribution Committee** 📘 **3. Bill Me:** Minimum \$30 annual gift. *Home address required* ......\$ ☐ I have given to United Way 4. Automatic Credit Card Charge: Minimum \$30 annual gift. Home address required ..... \$ for 20 years or more **Credit Card Exp. Date:** ☐ I'd like to explore including United Way of Whatcom County in my will Visa MC Am Ex Discover For options 3 and 4, bill/charge me: One Time ■ Monthly Quarterly 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! 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: Your donation will automatically go to our **EDUCATION: STRONG KIDS INCOME: STABLE FAMILIES Community Impact Fund which includes: HEALTH: VIBRANT COMMUNITY** Create stable families, help Break the cycle of poverty, Help youth and adults avoid **Education: Strong Kids** OR kids learn to read and prepare increase workforce preparation risky behaviors, increase **Income: Stable Families** for school, and help increase and employment, and ensure medical access, and families **Health: Vibrant Communities** the graduation rate. safe and stable housing. recover from violence/abuse. **Amount to Education: Amount to Income: Amount to Health:** Amount to Community Impact Fund: 100% 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 \$	Signature	(Required)	DATE	My total gift \$
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