

Personal Information

we keep all your information confidential

Company: _____

Donor Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Payment Method

all gifts are tax deductible

Payroll Deduction :

_____ pay periods X \$ _____ per pay = \$ _____ Total Annual Pledge

One-Time Gift: \$ _____ Total Annual Pledge

Cash Check (payable to CCUW) Credit Card (*please complete Credit Card info below*)

Reoccurring Gift: \$ _____ Total Annual Pledge

Please bill me:

monthly quarterly semi-annually

Bank Draft

please include a voided check continue an existing draft

Credit Card Information:

Name on card _____

Card # _____ Exp Date: _____ CVV: _____

My Donation

- I want to maximize the impact of my gift by donation to the GENERAL FUND to support Health, Education, and Financial Stability programs provided by the CCUW partner agencies.
- I want to designate my gift to a CCUW partner agency. \$100 minimum donation required.
- I want to designate my gift to a United Way in another county. \$100 minimum donation required.

My Memberships/Interests

- I would like more information on the Tocqueville Society - yearly gift of \$10,000 or more.
- I am a member of the Leadership Giving Group - yearly gift of \$1,000 - \$9,999
- I am a member of Women United - yearly gift to WU and to the campaign.
- I would like more information about Women United.
- I would like to speak with someone about Planned Giving.
- I would like more information on volunteer opportunities.