

# INVEST IN YOUR COMMUNITY.

## 1 MY INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Work  Cell  Home

Email: \_\_\_\_\_  Work  Personal

Employer: \_\_\_\_\_ Employee ID or department: \_\_\_\_\_

## 2 MY DONATION

(CHOOSE ONLY ONE DONATION METHOD)

### AMOUNT PER DEDUCTION

\$5  \$10  \$25  \$50

Other amount: \$ \_\_\_\_\_

### NUMBER OF PAY PERIODS?

1  12  24  26

52  \_\_\_\_\_ pay periods per year

Total of annual gift \$ \_\_\_\_\_

### ONE-TIME DONATION

Cash: \$ \_\_\_\_\_

Check: \$ \_\_\_\_\_

OR

\_\_\_\_\_

\_\_\_\_\_

*Make check payable to:  
United Way of the Coastal Bend.*

OR

### CHARGE MY DEBIT/CREDIT CARD

(\$50 minimum)

Scan with camera phone:



[uwcb.org/directory](http://uwcb.org/directory)

Amount: \$ \_\_\_\_\_

## MY SIGNATURE

REQUIRED

## DATE

Yes! The Community Investment Fund

(OPTIONAL) To designate your donation to a specific agency, enter the numeric code(s) below.

Agency code

Agency code

Agency code

Agency code

### MY PREFERENCES (OPTIONAL)

DO NOT publicly acknowledge my donation. I wish to remain anonymous.

DO NOT send me information from United Way of the Coastal Bend about my donation, my donation's impact, volunteer opportunities and/or events.

## DONOR RECORD

Please record your donation and keep this portion for your records.

Name: \_\_\_\_\_ Gift amount: \_\_\_\_\_ Date: \_\_\_\_\_

Donation type:  Payroll deduction  One-time donation  Credit card

No goods or services were given in exchange for this contribution.

