

LIVE UNITED™

P.O. Box 937
 Port Angeles, WA 98362
 Tel 360 457-3011
 www.unitedwayclallam.org



United Way
 of Clallam County

1 My Name

Your personal information is kept confidential and will not be sold or shared at any time.

Mr. Ms.
 Name Mrs. Dr.

Home Address _____

City _____ State _____ Zip _____

Employer _____

Home Phone _____ Work Phone _____

Personal E-mail _____

Please provide your email address to hear how your contribution makes a difference.

2 My Investment

• Payroll Deduction:

Amount per pay period \$

I am paid (check one):

once a month twice a month every 2 weeks every week

Or one time for total For a Total of \$

• Direct Payment:

Enclosed cash or check \$ _____

(Make checks payable to United Way of Clallam County.)

I set up Online Bill payment through my bank or other online bill-paying service.

United Way will receive: \$ _____

Once Each Quarter Each Month

• Bill Me:

Statement to above address

Credit/debit card

For a Total of \$

Billed one-time

Quarterly installments

Monthly installments

_____ Exp. _____

Visa MasterCard AmEx Discover

Recognition & Special Instructions

Leadership Giving – \$250 or more
 May be combined with spouse/partner.

* List my/our name as _____

* My spouse / partner's employer is _____

I wish to remain anonymous.

Do not mail acknowledgement to me.

3 My Giving

Community Needs Fund

I choose the United Way Community Fund because I know my gift will be invested in meeting the most critical current needs in Clallam County. My gift will be distributed in a way that will make the greatest difference in the community.

Other

Write name of United Way Community Solutions Initiative, or specific Partner Agency as listed in the brochure. For designations to IRS approved 501(c)3 agencies not affiliated with United Way of Clallam County, please write the name and address of the agency. A 10% processing fee will be deducted from designations to non-partner agencies.

Do not release my name to agencies I designate.

THANK YOU FOR INSPIRING HOPE FOR A BETTER TOMORROW



X
 Signature

Date

Thank you for your contribution to the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.