

# GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.

**PAYROLL DEDUCTION:** (will begin January following the fall campaign)

I want to contribute the following amount each pay period:

\$10    \$25    \$50    Other \_\_\_\_\_

Number of pay periods:  24    26    Other \_\_\_\_\_

**MY TOTAL ANNUAL GIFT IS: \$** \_\_\_\_\_

*Your dollars could be doubled! Ask your HR representative about your company's corporate match.*

## Leadership Giving

Harriss Newman Society (\$1000+/year)

Tocqueville Society (\$10,000+/year)

## CASH/CHECK: (One-Time Gift)

Cash/Check in the amount of \$ \_\_\_\_\_ is enclosed.

## CREDIT CARD:

Charge \$ \_\_\_\_\_ to my MasterCard, Visa, or Discover card.    One Time    Monthly    Quarterly

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

*Please note: if you are donating with a credit card, please make sure the address provided below is your billing address for the card.*

For information about remembering United Way in your will or about making an endowed, estate or legacy gift, please call 910-798-3911 for a confidential conversation.

## GIFT RECOGNITION

Name(s) as I/we would like to be acknowledged: \_\_\_\_\_

I am a Loyal Contributor

*I have contributed to any United Way for 10 years or more, since \_\_\_\_\_ (year).*

I am a first-time donor to United Way

I (we) wish to remain anonymous

This is a joint/combined gift

Second donor's name: \_\_\_\_\_

Second donor's place of work: \_\_\_\_\_

## (OPTIONAL) INVESTING YOUR GIFT

**COMMUNITY IMPACT FUND.** The most powerful way to invest locally is through the volunteer-led community investment process, which supports programs focusing on **Education, Income and Health.**

I would like to designate my gift to a specific health & human service 501(c)(3) organization in the Cape Fear Area or another United Way. (\$100 minimum contribution required): \_\_\_\_\_

*If a non-qualifying agency is designated, United Way will redirect these funds to the Community Impact Fund. If you choose to designate, be advised that United Way does not provide oversight of the use of this contribution as it does with contributions invested through the Community Impact Fund. Additionally, designations are subject to a 9% administration fee, unless it is to another United Way.*



**United Way of the  
Cape Fear Area**

*Thank You!*  
This is your gift receipt

(910) 798-3900  
[www.cfauw.org](http://www.cfauw.org)

MR.  MS.  MRS.  DR.

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

HOME PHONE

(\_\_\_\_) \_\_\_\_\_

CELL PHONE

(\_\_\_\_) \_\_\_\_\_

WORK PHONE

EMAIL \_\_\_\_\_

PREFERRED METHOD OF CONTACT:

HOME PHONE    CELL PHONE    WORK PHONE    EMAIL

I WANT TO SEE HOW MY CONTRIBUTION IS MAKING A DIFFERENCE!

PLEASE SUBSCRIBE ME TO UNITED WAY'S NEWSLETTER.

Thank you for your contribution through 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. Consult your tax advisor for more information. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. The license is not an endorsement by the state.

SIGN AND DATE TO AUTHORIZE YOUR GIFT/PLEDGE (REQUIRED)

DATE \_\_\_\_\_

White—United Way

Yellow—Payroll

Pink—Donor