MY DONATION FORM

website: www.cuw.org
email: cuw@allconet.org

❑ Allegany
P.O. Box 307
Cumberland, MD 21501
301-722-2700

❑ Garrett
P.O. Box 394
Oakland, MD 21550
877-597-2700

❑ Hampshire
P.O. Box 14
Romney, WV 26757
877-597-2700

❑ Mineral
P.O. Box 987
Keyser, WV 26726
877-597-2700

1) MY INFORMATION

Mr./Ms./Mrs. _____ First Name _____ MI ____ Last Name _____ Employee ID # _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

2) MY GIVING OPTIONS

*** Give Where You Live!**

❑ $100 ❑ $50 ❑ $25 ❑ $10 _____ Other

*** Legacy Leadership**

Our Community is fortunate to have people with the capability and concern to make a leadership contribution. Legacy Leadership is an individual/couple who contributes $1000 or more annually to the United Way campaign.

❑ I would like to make a three year commitment of $ _____ each year.

❑ I would like to make a one year commitment of $ _____

3) MY PAYMENT OPTIONS

❑ Payment enclosed. - Please make check payable to: United Way

❑ Bill Me
- ❑ Immediately ❑ Semi-annually
- ❑ Quarterly ❑ Monthly

❑ Credit Card Please apply to my credit card.
- ❑ Visa ❑ MasterCard

Card Number _____ Exp. Date _____

❑ Payroll Deduction

Amount per pay $_____ Paychecks per year_____

I wish to continue this payroll deduction until written notice of my intention to change this agreement has been provided.

Total pledge amount _____

Payment_____ Balance_____

❑ Electronic Funds Transfer (Please attach a voided check)
Please deduct $ _____ from my checking account ❑ per month ❑ one time only
This authority is to remain in full force and effect until written notice of my intention to terminate this agreement has been provided. (Thirty days notice is required)

Thank you for supporting your United Way!

Please let us know:
- ❑ I wish to remain anonymous
- ❑ I would like information on the United Way Endowment
- ❑ I would like to include my local United Way in my will, trust or estate plans.

Your Signature _____ Today's Date _____

Thank you!