

United Way of Washington County-East
ONE GIFT. BIG RESULTS.

PO Box 305
 Stillwater, MN 55082
 Phone: (651) 439-3838

Email: info@uwwce.org
www.BuildBetterLives.org



MY INFORMATION (Please Print)

Mr. Mrs. Ms. Dr.

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ DAYTIME PHONE _____

ORGANIZATION NAME _____ EMPLOYEE ID _____

UNION AFFILIATION (if applicable) _____

EMAILS

personal: _____ work: _____

Please thank me by email Send email updates

Questions?

Please Contact Us:
 Phone: 651-439-3838
 Email: Lois@uwwce.org
www.BuildBetterLives.org

Loyal Supporters

I have given to United Way for ____ years.

MY PAYMENT OPTIONS

Payroll Deduction

I want to contribute the following amount each pay period:

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

Other \$ _____

I am paid:

monthly (12) every other wk (26)
 twice monthly (24) weekly (52)

Cash, Check, Stock, or Bill Me

- Cash
- Personal Check # _____
- Stock (call 651-439-3838 when ready to transfer)
- Bill me \$ _____ every (circle one)
 Quarter / Month / One Time

Automatic Withdrawal

Amount on 15th of each month

AMOUNT \$ _____

From Bank Account

Account # _____

Routing # _____

My total annual gift

AMOUNT \$ _____

I will give securely by credit card at www.uwwce.org or call (651) 439-3838.

AMOUNT \$ _____

My total annual gift AMOUNT \$ _____

LEADERSHIP GIVING

I gave \$1000 or more. Please enroll me in the Pillars Club Leadership Giving Program.

\$ _____ My Gift

\$ _____ My Spouse's gift (combined household gifts qualify)

Spouse's Name _____ Spouse's Employer _____

\$ _____ Total Gift

Pillars Club Annual Giving Levels

- \$ 10,000: Alexis de Tocquesville Society
- \$ 5,000: Gold
- \$ 2,500: Silver
- \$ 1,000: Bronze

Pillars provide a framework of strength

MY INVESTMENT OPTIONS

To create a stable foundation for today and a hopeful future for each person in our community.

Use my gift where needed most: United Way Community Investment Fund

The most powerful way to invest your contribution.

United Way of Washington County-East Focus Areas - Please invest my contribution in the specific area that I have selected

- Youth** - Promoting thriving children & youth
- Basic Needs** - Providing basic needs & encouraging financial strength
- Health** - Improving health & independence
- Self-Sufficiency** - Supporting self-sufficiency & connecting neighbors to needed services

Designated Gift to another 501(c) 3 charitable organization

Amount \$ _____ Organization Name & Address _____ (minimum \$50)

Your gift to another 501(c)3 may be subject to a processing fee. United Way reserves the right to redirect designated funds if unable to verify 501(c)3 status of organization or in case of community crises. Donors will be notified if such action is necessary.

SIGN/DATE

Signature (REQUIRED) _____ **Date** _____

Thank you for your gift. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You may also need a copy of your pay stub, W-2 or other employer document showing the amount withheld. Consult your tax advisor for more information. United Way protects your confidentiality and we do not sell, trade or release this information to any others.

Our Mission: *To unite our communities and local resources to give each person the opportunity to build a better life.*

United Way = White / Employer = Yellow / Employee = Pink