



**MY INFORMATION**

Please complete this section each year and be sure to sign in the bottom right-hand corner.

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ BIRTHDAY (MONTH/DAY) \_\_\_\_\_ / \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ CELL (CIRCLE ONE) \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS *United Way does not sell or share emails with third parties.* \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMBINE WITH MY SPOUSE/PARTNER'S GIFT  
 Spouse/Partner's Name \_\_\_\_\_  
 Spouse/Partner's Employer \_\_\_\_\_

I PLAN TO RETIRE WITHIN THE NEXT YEAR

**MY GIFT TO MY COMMUNITY**

Please choose one of the following ways to give:

**A  EASY PAYROLL DEDUCTION**

I want to contribute the following amount each pay period:  
 \$3  \$6  \$10  \$20  
 Other \$ \_\_\_\_\_  
 I have \_\_\_\_\_ pay periods each year.  
 (12, 24, 26, 52, etc.)  
 A total annual gift of \$ \_\_\_\_\_

**B  DIRECT GIFT**

A direct gift of \$ \_\_\_\_\_  
 Direct gift to be paid by:  
 Cash *Enclosed.*  
 Personal check *Enclosed and made payable to United Way of Missoula County.*  
 Check # \_\_\_\_\_ Date \_\_\_\_\_  
 Stock *United Way will call me to facilitate my stock gift.*  
 Credit Card *Fill information below.*

**C  BILL ME**

Please bill me for a pledge of \$ \_\_\_\_\_  
*\$50 minimum donation for billing.*  
 One time only  
 Quarterly  
 Monthly  
 Start Date: \_\_\_\_\_ / \_\_\_\_\_  
 mm yy

**IMAGINATION LIBRARY**

Give the gift of reading.

In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$30/year.  
 Number of children I wish to sponsor \_\_\_\_\_ x \$30 = \$ \_\_\_\_\_\*  
 \*Please add this amount to my:  
 'Payroll Deduction' Gift  'Direct' Gift  'Bill Me' Gift  
 Imagination Library Contribution \$ \_\_\_\_\_  
 Annual Contribution (from A, B or C) +\$ \_\_\_\_\_  
**TOTAL PLEDGE = \$ \_\_\_\_\_**

**CREDIT CARD INFORMATION**

NAME ON CARD \_\_\_\_\_ CARD NUMBER \_\_\_\_\_ CARD TYPE \_\_\_\_\_ SECURITY NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ ZIP \_\_\_\_\_

Make my Credit Card gift recurring. Circle One: Monthly - Quarterly - \_\_\_\_\_ Time(s)

**INVESTMENT OPTIONS**

Please let us know how you would like your gift used.

- Option  **INFLUENCE THE CONDITION OF ALL**  
 The most powerful way to invest your contribution. Your gift will be combined with thousands in Missoula County to help more local families become stable and self-sufficient.
- Option  **EDUCATION** \$ \_\_\_\_\_  
 Helping children and youth achieve their potential.
- Option  **FINANCIAL STABILITY** \$ \_\_\_\_\_  
 Helping families become financially stable and independent.
- Option  **HEALTH** \$ \_\_\_\_\_  
 Improving the health of children and families.
- Option  Fund for Ravalli County, supporting nonprofit health and human service organizations in the Bitterroot Valley.  
 \$ \_\_\_\_\_
- Option  I would like to make a gift to United Way of Missoula County's permanent endowment.  
 \$ \_\_\_\_\_
- Option  I would like to continue my support of United Way. Please contact me about planned giving.

**RECOGNITION OPTIONS**

Please let us know how we can recognize your gift.

- United Way Loyal Contributors Program**  
 Recognizes individuals who have given to any United Way for 5 years or more. I have been contributing to United Way for \_\_\_\_\_ years.
- Leadership Giving Society**  
 My gift of \$500 or more qualifies me for membership in the Medallion Club.
- Stand - Young Leaders Society**  
 I am 40 or younger, and want more information about STAND (Serve, Team up, Advance, Network and Develop).  
 Publish my/our name as: \_\_\_\_\_
- I/we wish to remain anonymous.

**THANK YOU FOR PICTURING A BETTER MISSOULA WITH US.**

Signature \_\_\_\_\_  
*For IRS purposes, this form must be signed and dated by the donor. Please keep your copy.*

Date \_\_\_\_\_  
*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. You will also need a copy of your pay stub, W-2 or employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way of Missoula County's Tax ID #: 81-0287854*

White Copy: Employer Yellow Copy: United Way  
 Pink Copy: Contributor