



Step 1 Your Information

(Mr./Mrs./Ms./Dr.) First Name MI Last Name

Home Address City State Zip

Phone Home Mobile Work Email Home Work

Employer Birthdate (MM/DD/YYYY)

Check all that apply:

- I want to receive a Thank You letter
- Sign me up for United Way E-News quarterly
- I want to learn about giving via my Will
- I'm retiring soon. Please keep in touch

Recognition:

- I/we have been giving to United Way for 10+ Years. Year started _____
- I am a Woman who contributes \$250+ & would like to be recognized.
- I would like to remain anonymous.

Step 2 Your Gift

Payment Options

1 **Easy Payroll Deduction**

A - Amount Per Pay	B - Number of Pay Periods
<input type="checkbox"/> \$100 <input type="checkbox"/> \$50	<input type="checkbox"/> Weekly (52)
<input type="checkbox"/> \$25 <input type="checkbox"/> \$15	<input type="checkbox"/> Biweekly (26)
<input type="checkbox"/> \$10 <input type="checkbox"/> \$5	<input type="checkbox"/> Semimonthly (24)
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other _____

Total Payroll Deduction is $A \times B =$ _____

2 **Credit Card** Please visit www.uwwcoh.org (Donate Now Button)

3 **Personal Check** Attach check payable to United Way of Warren County

4 **Bill Me**

Frequency: Monthly Quarterly One Time (add date)

Total Annual Gift: \$ _____

United Way of Warren County Agencies

- 4C For Children
- Abilities First Foundation
- Abuse & Rape Crisis Shelter of WC
- American Red Cross
- Big Brother Big Sister of Gr. Cincy.
- Boy Scouts of America-Dan Beard Camp Joy
- Cancer Family Care
- F.A.I.T.H. Emergency Services
- Family Promise of WC-IHN
- Franklin Area Community Services
- Girl Scouts of Western Ohio
- Kings Area Community Services
- Lebanon Food Pantry
- LifeSpan, Inc.
- Little Miami Food Services
- Shared Harvest Foodbank
- Springboro Community Assistance Ctr.
- The Marriage School
- Warren County Community Services
- Wayne Township Community Aid

Optional Investment Options

I want to designate: *(A minimum of \$24 is required to give directly to an agency)*

A specific agency of United Way of Warren County: _____ \$ _____

Other United Way (full name/address): _____ \$ _____

Step 3 Your Signature

Signature	Date
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