1. My Personal Information

First Name | Middle

Last Name

Birth Date | Daytime Phone (area code)

Home Address_____

City, State Zip_____

Email Address_____

Employer_____

☐ I wish to remain anonymous

2. My Payment

☐ **Easy Payroll Deduction**

A. I want to contribute the following amount each paycheck:

☐ $25 ☐ $15 ☐ $10 ☐ $5 ☐ $3

☐ Other $_____

B. My pay period is:

☐ Weekly ☐ Bi-Weekly ☐ Monthly

☐ Bi-Monthly

Therefore, my total payroll deduction is $_____

☐ I pledge a Direct Gift of $_____

To be paid by:

☐ Cash/Check enclosed Check Number _____
(Payable to United Way of Washington County Tennessee)

☐ Bill me at my home address (please write in address above)

☐ Annually ☐ Quarterly ☐ Monthly

☐ _____

☐ Stock and mutual funds or gifts of securities

☐ Major credit card ☐ Visa ☐ MasterCard

Card # _____ Expires ___/___

Important Tax Information: Your contribution may be tax deductible. United Way acknowledges your donation was given with no goods or services received on your part. As required by the Internal Revenue code a one time gift of $250 or more will be verified with a receipt from the United Way of Washington County TN.

United Way of Washington County
Tennessee
P.O. Box 4039
Johnson City, TN 37602-4039

3. My Gift

Yes! I want to do the most good.

☐ **Please invest my entire gift where it is most needed.**

I understand that this single gift will touch more people and make a greater impact in the local community.

Designation Area

☐ I Direct my contribution to the following agency

Enter Code (see reverse side for code) ☐☐

I designate that _____% of my total gift be paid to this agency. The remainder gift will be paid to the United Way of Washington County Tennessee.

4. Leadership Gift Giving Program

☐ Fair Share (One hour's pay per month for 12 months)

☐ Extra Mile (1-1/2 hours pay per month of annual salary)

☐ Initials Club ($500-$999) Listed in Initials Club Roster as:

_____

☐ Signature Club ($1000 or more) Listed in Signature Club Roster as:

_____

5. More Information

☐ I would like to volunteer for one of the United Way agencies

☐ I would like to participate in the United Way Week of Caring

☐ I would like information on estate planning to include the United Way of Washington County TN in my will

6. My Signature

X_____

Name Date

Thank You for
"Making Lasting Changes, Right Here Where We Live"

White Copy-United Way Yellow Copy-Employer Pink Copy– Contributor