

Membership Confirmation

2021 - 2022 Campaign

1. This Membership shall be in the name of: _____
(as you wish your name to appear in publications)

2. Total Pledge: \$ _____
(Total payment is not due until December 31, 2021)

Payroll Deduction Employer Name: _____ Number of pay periods: _____

Fully Paid Now *(check enclosed)*

Credit Card: _____
account number expiration date

Bill Me: _____ Annually _____ Semi-Annually Preferred Date _____ 2021 or 2022 *(circle one)*

Billing Address: _____

Securities *(Please notify United Way of your stock transfer)* IRA

Donor Advised Fund: I intend to request funds from my donor advised fund.

My fund is located at: _____ CFGB _____ NCFA _____ Other

Private Family Foundation: _____

3. Signature: _____ Date: _____

4. Email: Work _____ Home _____
(Check preferred)

5. Employer name: _____
(Please fill out if you want your company to also receive recognition for your gift)

6. I would like to receive the United Way E-newsletter.

7. I have contributed to United Way for at least 25 or more years.

8. I have included United Way in my will or estate plan.

9. Special Donor Notes: _____

Thank you for your investment in our community to help improve lives and community conditions.

