



**United Way
of Lake County**

9285 Progress Parkway
Mentor, Ohio 44060
440.352.3166
www.uwlc.org

FOR UNITED WAY USE ONLY:

Company/Organization # _____

Donor Account # _____

Envelope # _____

Step 1. My Information

Prefix: Mr. Ms. Mrs. Dr. Other:

First Name: _____ Last Name: _____ M.I.: _____ Suffix: Jr. Sr. Other:

Employer: _____

Home Address: _____ Tel #: _____ Work Home

City: _____ State: _____ Zip: _____

Personal e-mail: _____ Work e-mail: _____

Providing your e-mail and/or home address allows United Way of Lake County to send you updates. We do not disclose personal donor information.

Step 2. Pledge Amount

Total Contribution Amount \$, .

(Check the box that shows how often you are paid)

Easy Payroll Deduction I pledge \$. per period _____

Weekly (52) Twice per month (24)
 Every other week (26) Other _____

Cash Amount \$ _____

Check (make checks payable to United Way) Check #: _____ Check Date: ____/____/____

Please charge my credit card: (\$50 minimum)
For your protection and privacy, credit card information is located at the bottom of this form and will be destroyed once the transaction is completed.

Stock transfer: Please contact me at _____ to complete transaction.

Step 3. Please Sign and Date

Signature (required) _____ Date: ____/____/____

Please take the pink copy for your records. No goods or services were provided to you by United Way in exchange for this gift or pledge.

Step 4. Special Recognition

I am interested in volunteering, please contact me.
 Day of Caring Feed Lake County Agency Program Evaluation Other

I am a first-time donor to United Way.

I have given to United Way for 10 or more years and am a Loyal Contributor since _____

I am interested in the Women's Leadership Initiative, please contact me at _____.

My gift of \$500 or more qualifies me for membership in Caritas Leadership Circle.
Please print your name as you would like it to appear on public recognition materials _____

I am considering including United Way in my will. Please send me more information.

I/we wish to remain anonymous; my name will not be released for recognition purposes.

Step 5. Optional

I choose the most powerful way to contribute: I want the volunteers at United Way of Lake County to invest my contribution where it is needed most in our community through the Evaluation and Investment Process.

I choose to direct my gift to one of the community impact areas:
\$ _____ Investing in children and youth \$ _____ Caring for people in crisis
\$ _____ Improving health and wellness \$ _____ Caring for our senior citizens

I want to direct a portion of my gift to a United Way agency, eligible health and human service 501(C)3 agency or another United Way.

Name, address, phone number of organization & Tax ID number (required): _____ Annual Amount: \$, .

Tax ID # _____ (Minimum \$50)

White - United Way of Lake County

Yellow - Company

Pink - Contributor

FORM REVISION: JULY 2010

Credit Card Information: Please provide full address in Step 1 for credit card payment. Your credit card will be processed upon receipt by United Way.

VISA Discover Mastercard

Credit Card Number:

Expiration Date:

/ /

/