

United Way of Colquitt County  
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 Moultrie, GA 31776-0969  
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 www.uwccga.org

# GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED



## My Information Please Print.

Mr.  Mrs.  Ms.  Dr.

Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Email \_\_\_\_\_

Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

### Let Us Know:

Please provide your email so we can show you how your contribution is making a difference!

- I will be retiring this year.  I wish my gift to be anonymous.  
 How do I include United Way in my will to leave a lasting legacy?

## GIVE. Choose an option below.

**Payroll Deduction Option**

I would like to give \$\_\_\_\_\_ per pay period  
 My total gift \$\_\_\_\_\_

I receive my paycheck:  
 Weekly (52 pays)  
 Every 2 weeks (26 pays)  
 Twice a month (24 pays)  
 Monthly (12 pays)  
 Other (\_\_\_\_\_) pays

**Fair Share Option**

I would like to give one hour's pay  
 Per month \$\_\_\_\_\_ X \_\_\_\_\_ # of pay periods,  
 For a total yearly pledge of \$\_\_\_\_\_

**Direct Billing Option**

I would like to give \$\_\_\_\_\_ (total amount)

Bill me: Once \_\_\_\_\_ Month Preferred  
 Bi-annually (2 times)  
 Quarterly (4 times)  
 Deduct from Bank Account (complete Direct Payment)

**Direct Gift Option**

My gift of \$\_\_\_\_\_ is attached

Payment Method:  
 Cash  
 Check— payable to United Way of Colquitt Co.  
 Stock—Contact United

**Loyal Contributors**

I have been contributing to (any) United Way for \_\_\_\_\_ years.

## How do you want to invest in your community?

- Option A**
- United Way of Colquitt County Community Fund**  
 The most powerful way to invest your gift. Volunteers distribute to programs meeting the most critical needs. Gifts without designation will be directed to this fund.  
 \$\_\_\_\_\_
- Option B**
- Education** \$\_\_\_\_\_ Helping children and youth achieve their potential  
 **Health** \$\_\_\_\_\_ Improving people's physical and mental health  
 **Income** \$\_\_\_\_\_ Helping families become financially stable and independent
- Option C**
- Donor Designation** \$\_\_\_\_\_
- Specific Organization \_\_\_\_\_

**NOTE:** A \$25 minimum designation is required for donor designation. Eligible agencies must be a nonprofit health and human service agency providing services to Colquitt County or another United Way.

**ADVOCATE.**  Sign me up for the United Way of Colquitt County newsletter.

**VOLUNTEER.**  Contact me to volunteer.

**Sign Here** X Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!**

To comply with new IRS regulations, if you choose to contribute by payroll deduction, you must retain a copy of this pledge form in addition to your pay stub or W-2 Form to document your gift to UWCC. No goods or services have been given, in whole or part, for this contribution. Giving is a personal decision. United Way has a strong policy against coercion. United Way respects your privacy and does not rent, trade or sell lists of donors.