

# LIVE UNITED



Name (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Company Name \_\_\_\_\_ Employee #/Info \_\_\_\_\_

I am a **United Way Loyal Contributor**  
I have been contributing to United Way for \_\_\_\_\_ years

I would like to be listed as an Upper Valley United Way Donor in United Way publications. Please list my (our) name as: \_\_\_\_\_

Please send me an email acknowledgement of my gift (include email address below)

I would like to learn how I can include Upper Valley United Way in my will.

**Want to see how your contribution is making a difference?** Please provide your email address so we can show you how your contribution is making a difference and provide opportunities to LIVE UNITED all year long.

HOME OR WORK EMAIL ADDRESS \_\_\_\_\_

## PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

My payroll deduction pledge

**A.** I want to contribute this amount each pay period:  
 \$50    \$25    \$10    \$5    Other: \_\_\_\_\_

**B.** Pay periods per year:  
 Weekly (52)    Every other week (26)  
 Twice Monthly (24)    Monthly (12)

**C. Total Pledge for the Year (Multiply A x B) \$** \_\_\_\_\_

My direct gift

Cash/Check enclosed \$ \_\_\_\_\_

Securities or Stock  
(contact Upper Valley United Way at 603.448.2766 for information)

Charge my Credit Card \$ \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_  
 (You may use your credit card to make quarterly or monthly payments toward a pledge, contact Upper Valley United Way for information.)

Leadership gifts of \$500 or more will be recognized in our Pacesetter Giving Program.

## PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

*option A*

**INFLUENCE THE CONDITION OF ALL. United Way Community Fund** The most powerful way to invest your contribution.

*option B*

Support a specific focus area: You may choose to direct your Community Fund gift to a particular focus area.

- |   |  |  |
|---|--|--|
| <p><input type="checkbox"/> <b>EDUCATION</b> Helping children and youth achieve their potential through education</p> <p>Enhancing the quality of child care<br/>             Providing parenting skills and counseling services<br/>             Promoting after school activities</p> | <p><input type="checkbox"/> <b>INCOME</b> Helping families become financially stable and independent</p> <p>Increasing financial stability and literacy<br/>             Workforce development of young adults<br/>             Promoting the Earned Income Tax Credit</p> | <p><input type="checkbox"/> <b>HEALTH</b> Assisting people in making healthy choices that maintain quality of life over time</p> <p>Increasing the availability of outreach programs<br/>             Assisting women and families in crisis<br/>             Improving the quality of life for older adults</p> |
|---|--|--|

*option C*

**SPECIFIC NON-PROFIT ORGANIZATIONS** (\$ 25 Minimum. If designating to more than one organization, please attach an additional page)

AMOUNT \$ \_\_\_\_\_ ORGANIZATION NAME. (PLEASE CHECK THE BOX TO THE RIGHT IF YOU WOULD LIKE US TO PROVIDE THE ORGANIZATION WITH YOUR NAME.) \_\_\_\_\_

*Signature*

Please check the accuracy of your entries. Make a copy for your records. Thank you for investing in United Way.