

Maximize your impact by investing in proven solutions that advance the common good in your LOCAL community. Select your preferred Granite United Way region.

MY INFORMATION

- Merrimack County
 North Country (Littleton/Lisbon)
 Northern (Northern Carroll/Coos Counties)
 Southern (Manchester/Salem/Derry)
 Upper Valley (Hanover/Lebanon/Windsor Cty. VT)
 Central NH (Laconia/Plymouth/Tamworth)

Prefix First MI Last

Home mailing address - Street/City/State/Zip

Email address (GUW will never rent, sell or exchange information on our contributors) Personal Work Phone Cell Home Work

Birthday (optional) / / Employer Department

MY CONTRIBUTION

EASY PAYROLL DEDUCTION – the simplest way to give

- A. My pledge per pay period**
- \$3 \$25
 \$6 \$50
 \$10
 Other \$ _____
- B. Number of pay periods**
- Weekly (52)
 Biweekly (26)
 Semimonthly (24)
 Monthly (12)
 Other _____

OTHER EASY WAYS TO GIVE

- Cash** **Check** Made payable to Granite United Way & given to your ECC or mailed to: Granite United Way, Central Processing, 22 Concord St, Manchester, NH 03101
- Credit Card** (choose one) Visa MasterCard
- _____ / _____ / _____ / _____ / _____
CREDIT CARD NUMBER EXPIRATION MO/YR
- Online** at www.graniteuw.org (attached is my confirmation)
 Bill me to my home address once quarterly start date ____ / ____
MM YY
- Stock** (Please call Granite United Way at 603.625.6939)

My TOTAL Annual Pledge \$ _____

Signature _____ Date _____
(Required)

- I am a Loyal Contributor! (I have contributed to United Way for 10 years or more) I have been giving since _____ to United Way.
 Please combine my gift with my spouse's gift to make a Leadership Gift of \$1,000 or more. Spouse's name _____
 Please list me/us as a member of the Leadership Giving Society. My preferred recognition name _____
 I wish to remain anonymous and, if appropriate, please do not include me in the Leadership Giving Listing.

OPTIONAL

THANK YOU! YOU'RE DONE. THIS SECTION IS OPTIONAL.

(Option A) I would like my gift to be directed to the following impact area:

- Education \$ _____
 Income \$ _____
 Health \$ _____

(Option B) Designate this portion of my gift \$ _____ to another United Way or the non-profit agency below:

_____ Agency name & address
 _____ Agency code (not required)
 _____ Organization Tax ID #

Check here if you do NOT want your information released to the organization you designated to.