

## TELL US ABOUT YOURSELF

Please Print Clearly

Mr.  Mrs.  Ms.  Dr. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer ID \_\_\_\_\_

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

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

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

Cell Phone (\_\_\_\_) \_\_\_\_\_

I wish to remain anonymous.

Signature \_\_\_\_\_ Date \_\_\_\_\_

No goods or services were provided in exchange for this contribution.  
Please consult with your tax advisor regarding charitable giving deductions.

## DECIDE HOW MUCH & HOW TO GIVE

### EASY PAYROLL DEDUCTION

I want to contribute this amount each PAY PERIOD:

\$50  \$25  \$10  \$5  \$3  \$ \_\_\_\_\_ other

x \_\_\_\_\_ = \$ \_\_\_\_\_  
# OF PAY PERIODS TOTAL  
MONTHLY (12), BI-WEEKLY (26), TWICE A MONTH (24), WEEKLY (52)

I want to contribute this amount each month:

3 Hours  2 Hours  1 Hour  \$ \_\_\_\_\_ per month  
CARE SHARE PLUS CARE SHARE

### CASH, CHECK OR BILL ME

I would like to pay by check (attached) \$ \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_  
Make payable to United Way of Southern Kentucky

I would like to make a one time cash investment of (attached) \$ \_\_\_\_\_

Bill me (\$100 minimum - must provide home address above)

Enter amount of donation \$ \_\_\_\_\_  One Time  Quarterly  Monthly

## INCREASE MY IMPACT

**Imagination Library:** In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$35/year.

Number of children I wish to sponsor: \_\_\_\_\_ x \$35 = \_\_\_\_\_

I would like to donate more than \$35: \$ \_\_\_\_\_

**2-1-1 Contact Center:** In addition to my annual gift, I would like to sponsor the 2-1-1 Contact Center with a donation of \$35.

I would like to donate more than \$35: \$ \_\_\_\_\_

## TOTAL PLEDGE

Annual Contribution: \$ \_\_\_\_\_ + Additional Contribution: \$ \_\_\_\_\_ =  
(Imagination Library / 2-1-1)

**TOTAL PLEDGE:** \$ \_\_\_\_\_

Cash Total: \$ \_\_\_\_\_ Check Total: \$ \_\_\_\_\_

Payroll Deduction Total: \$ \_\_\_\_\_



## CHOOSE COUNTY (optional)

Allen  Barren  Butler  Edmonson  Hart  
 Logan  Metcalfe  Monroe  Simpson  Warren

## FOCUS MY INVESTMENT (optional)

- INFLUENCE THE CONDITION OF ALL**  
The most powerful way to invest your contribution!  
**or choose one...**
- EDUCATION** Prepare children, youth and young adults to succeed in school and life.
- INCOME** Ensure people have the appropriate skills to maintain a living wage employment.
- HEALTH** Increase access to quality, affordable health and crisis intervention services.
- SAFETY NET** Basic needs are met in a timely manner through a coordinated system of resources.

## LET US KNOW!

- My gift of \$1000 or more qualifies me for membership in the Leadership Circle! (Designations to non-United Way funded programs do not qualify.)
- Please list my/our name as \_\_\_\_\_
- I plan to retire within the next 3 years.
- Please combine my gift with my spouse's gift.

Spouse's Name \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_



United Way of Southern Kentucky

United Way of Southern Kentucky  
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