



## Step 1 Your Information

PREFIX:  Dr.  Ms.  Mrs.  Mr.

FIRST NAME \_\_\_\_\_

MI \_\_\_\_\_

LAST NAME \_\_\_\_\_

SUFFIX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  Check if this is a new address

APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PREFERRED PHONE  Land (Home)  Business  Cell

PREFERRED EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

### THANK YOU!

We'd like to recognize you in our publications. Please tell us how you'd like your name to appear:

- I wish to remain anonymous in publications.
- I would like to be contacted for volunteer opportunities!
- I plan to retire in the next 12 months

## Step 2 Your Gift

### Payment options

1  CREDIT CARD Please scan QR code



2  PERSONAL CHECK Attached and payable to **United Way of Fairfield County**

3  BILL ME Please bill me for my contribution

SELECT BILLING FREQUENCY:  Monthly  Quarterly  
 One Time (add date) \_\_\_\_\_

4  PAYROLL DEDUCTION (Per Pay Period)

AMOUNT PER PAYCHECK			# OF PAY PERIODS	
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> 52	<input type="checkbox"/> 24
<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	<input type="checkbox"/> 26	<input type="checkbox"/> 12
<input type="checkbox"/> Other \$ _____			_____	



**TOTAL ANNUAL GIFT**

\$ \_\_\_\_\_

5  FAIRSHARE (One Hour Pay Per Month) \_\_\_\_\_ (hourly amount)

## Optional Investment Options

**Most Impact:** Support all of United Way's *Bold Goals*

AND/OR

\$ \_\_\_\_\_

I want to support a specific goal on United Way's *Steps to Success*

EDUCATION  INCOME  HEALTH

\$ \_\_\_\_\_

INDICATE YOUR PREFERENCE HERE.

**Another Community Agency**

Would you like to designate funds to 501(c)(3) community agency?

Note: A minimum gift of \$50 is required to give directly to an agency

\$ \_\_\_\_\_

AGENCY NAME, ADDRESS \_\_\_\_\_

## Step 3 Your Signature

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

### THANK YOU FOR SUPPORTING YOUR UNITED WAY

Questions about giving? Please contact us at:  
United Way of Fairfield County, 115 S. Broad St., Lancaster, OH 43130  
phone: 740-653-0643 • email: [ecordle@uwayfairfieldco.org](mailto:ecordle@uwayfairfieldco.org)



United Way of  
Fairfield County

