1. DONOR INFORMATION

PLEASE PRINT CLEARLY. Your personal information is confidential and will not be sold or shared.

First Name	M.I.	Last Name			Birthdate	(for sweepstakes eligibility)
Street Address Phone Number	OHome OCe	II Home Email	City		State	Zip
Employer			OI plan to retire	e in the next 14	l months	
Combine my Gift with(Name of spouse/significant other)			Employed at			
	 O I/We wish to be anonymous O Volunteer opportunities O Planned giving 					
2. CHOOSE TO BELONG (OPT	ONAL)					SUMMIT LEAGUE MEMBERSHIP (\$600+)
• EMERGING LEADERS MEMBER A networking and leadership opportunity for young professionals	OWOMEN UNITED A network of wom interested in phila volunteerism	en	• RETIRED UNITED A group for retirees who value philanthropy and volunteerism and share thei skills and expertise to make a meaningful difference in our community			 Base Camp (\$600-749) Camp 2 (\$750-999) Camp 3 (\$1000-1599) Camp 4 (\$1600-2599) Camp 5 (\$2600-3999) Final Ascent (\$4000-9999) Tocqueville (\$10,000+)
3. PLEDGE INFORMATION						
O PAYROLL DEDUCTION of \$ each pay pe	My Total Co		tribution i	is		
O ONE TIME GIFT enclosed check # Amount: \$				Signature		
O ACH (Attach voided check)				Date		—
Monthly gift of \$ OCREDIT/DEBIT CARD: Pay secur Phone Number:						
	NITIN			HR	IV	E
Send \$ of my contribution		ay funded program:				
Program Name & Designation Code (\$ See funded program listing at www.unitedw amount we have always honored requests;	vaymc.org. Your gift to a prog				rant. If total	designations exceed the grant

Please send my contribution to another United Way:

Name of United Way (\$50 minimum)

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.