

## **DONOR INFORMATION**

PLEASE PRINT CLEARLY.

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

## **CALCULATE YOUR IMPACT**

\$5 a week for a year helps a family of four move toward financial security by receiving support to meet food needs.

**\$10** a week for a year supports after school care including a healthy snack and homework help for one child for a year.

**\$20** a week for a year provides 127 hours of counseling services to area children.

First Name	M.I.	Last Name	Birtl	Birthdate (for Sweepstakes eligibility)				
	Home Address			City		State	Zip Code	
Personal Number			Personal Email					
Employer				O Ip	olan to retire in	the next 14 n	nonths.	
Combine my gift wit	th(Name	e of spouse/significant o	ther)	Employed	l at			
List our names as:					. O I/We w	rish to remair	n anonymous.	
I prefer to be thanke	ed for this donation	ı by: Email	Mail	$\circ$	No Thank You	note		
I would like to receive	ve information on:	O Volunteer Op	portunities	differer		with a planned g	ift to United Way. We will	
PLEDGE INFORM  EASY WORKPLA	<b>ATION</b> ACE PAYROLL DED	DUCTION		provide	you information abo	ut now you can le	ave your regacy.	
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CASH OR CHEC	K							
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provide your p	hone number ab	ation or be sure to ove and someone				(Signature)		
from our office v	will call to help you	with your donation.			Thu	ank yu	ou!	
<b>OPTIONAL</b> Please choose when	e you'd like your d	onation to make a diffe	erence in the cor	nmunity.		0		
MOST IMPACT	- Support all progra	ims						
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