

MY INFORMATION *Please print*

MR. MRS. MS. DR.

FIRST NAME _____

LAST NAME _____

HOME ADDRESS (for credit card charges, address listed must be your billing address) _____

CITY _____

ST _____

ZIP _____

PHONE _____

COMPANY NAME _____

EMAIL ADDRESS _____

MY GIFT TO THE COMMUNITY

PAYROLL DEDUCTION

I want to contribute the following amount each pay period.

\$40 \$20 \$10 \$5 \$2 Other (_____)

I have _____ pay periods each year.
(12, 24, 26, 52, etc.)

DIRECT GIFT

Cash (enclosed)

Check (made payable to United Way of Greater McHenry County)

CREDIT CARD

Visa MasterCard Discover American Express

Name on card _____

Card # _____

Expiration Date _____ Verification Code _____

Billing/Charge Schedule

One Time Monthly Quarterly Start Date _____

MY TOTAL GIFT \$

This form serves as your receipt for a Direct Gift/Credit Card donation

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

UNITED WAY OF GREATER MCHENRY COUNTY COMMUNITY FUND The most powerful way to invest your contribution.

I'm interested in helping determine how United Way allocates its funds. Please contact me with more information.

THE FOLLOWING UNITED WAY OF GREATER MCHENRY COUNTY PARTNER AGENCY

\$52 minimum designation per partner agency

Name _____ % of Gift _____ Name _____ % of Gift _____

THE UNITED WAY SERVING MY HOME COMMUNITY \$52 minimum designation.

Please provide ZIP code or city and state _____ I prefer that my gift remain anonymous.

MY AUTHORIZATION *Required*

Signature _____ Date _____

THANK YOU!

United Way of Greater McHenry County, Inc. (UWGMC) is an Illinois not-for-profit 501 (c)(3) corporation exempt from federal income tax. No goods or services are provided by UWGMC to you in consideration, in whole or in part, of your gift stated above.

White - UNITED WAY

Yellow - EMPLOYER

Pink - DONOR