

**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