

STEP 1: MY INFORMATION - PLEASE PRINT

Full Name _____

Date of Birth ____ / ____ / ____

Home Address _____

City/State/Zip _____ Company Name _____

Phone Number _____ Email _____

☐ I plan to retire within the next year. Send me options to continue my gift.

STEP 2: GIVING OPTIONS - HOW WOULD YOU LIKE TO INVEST YOUR GIFT?

Giving to an impact area helps the most, but to select a specific program, please circle it.

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| <p>☐ General Fund: The most powerful way to invest your contribution. Your gift will help more local families become stable and self-sufficient.</p> <p>☐ Youth Opportunity: Back to School Backpack Program, Zero to Five Missoula, Imagination Library, Missoula Child Care Advantage</p> <p>☐ Healthy Community: Project Tomorrow MT, 5-2-1-0 Let's Move! Missoula, Harm Reduction</p> <p>☐ Community Resilience: Wildfire Ready Missoula</p> <p>☐ Financial Security: Housing Solutions Fund, TSOS</p> | <p>Other:</p> <p>☐ Disaster & Emergency Fund</p> <p>☐ Missoula Nonprofit Center</p> <p>☐ Montana Black Collective Missoula</p> <p>☐ MT Organization of New Americans</p> <p>☐ TransVisible MT</p> <p>☐ Kaleidoscope Kids</p> <p>☐ Veteran Housing Fund</p> <p>☐ United Way of Missoula County's Permanent Endowment</p> |
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STEP 3: GIFT AMOUNT & PAYMENT METHOD

☐ Easy Payroll Deduction I want to contribute the following amount each pay period: ☐ \$3 ☐ \$6 ☐ \$10 ☐ \$20 ☐ Other \$ _____ Pay periods per year: _____ (12, 24, etc.)	☐ Direct Gift A direct gift of \$ _____ Paid via: ☐ Cash - enclosed ☐ Personal Check - make payable to United Way of Missoula County ☐ Stock - United Way will call me to facilitate my stock gift ☐ Credit Card - information below	☐ Bill Me Please bill me for a pledge of \$ _____ (\$50 minimum donation for billing) ☐ Quarterly ☐ Semi-annually ☐ One time only ____ / ____ / ____ Start Date	☐ Leadership Giving Society Giving \$595+ annually qualifies you for membership in our Medallion Club with special events and opportunities.
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Credit Card Information

Name on Card	Card #	Card Type	CVV
My total annual gift: \$		Exp. Date	Zipcode

STEP 4: PLEASE SIGN & DATE

SIGNATURE

____ / ____ / ____
DATE

☐ I/we wish to remain anonymous

For IRS purposes, this form must be signed and dated by the donor. Please keep your copy.

Thank you for your contribution through the United Way campaign. 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 employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way Tax ID #: 81-0287854

THANK YOU FOR YOUR SUPPORT!