



	individuals to join the fight for health, To live bett	, education and financial stabili er, we must LIVE UNITED.	ity in our community.
Donor's Information		I/we will commit (3 year minimum) to the Emerging Grand Givers Society to receive leadership recognition and benefits beginning this yea	
Name (as you want it listed)		□ \$500 Bronze Level (Year 1) □ \$750 Silver Level (Year 2) □ \$1,000 Grand Giver Society (Year 3)	
Address			
City	State ZIP	My will gift be \$	_
Phone	Email	Payment Options: (Payable by Dece	
Company		a,	,
 I would like to be added to United Way's email list for occasional news updates. I have been a United Way donor (to any UW) for 10 years or more. I want to know more about planned giving, so I can leave a 		☐ Credit or Debit Card: Visa M Card#: Bill Me: ☐ Monthly ☐ Qu	Exp. Date:
lasting legacy to my community. I wish to remain anonymous.		Signature (required)	Date

We win by Living United. By finding new solutions to old problems, by mobilizing the best resources and by inspiring