

My Investment in the Community

Check one payment method below.

(Please use a ballpoint pen and press firmly)

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED 

1 Company Name _____
Your Name _____ (optional) Employee # _____
Home Address _____
City, State, Zip _____ Email _____ Not to be used for solicitations
Loyal Contributor: I have been a United Way donor for _____ years.

2 I authorize my employer to deduct: \$ _____ of each pay period for a total annual gift of \$ _____
OR I authorize my employer to deduct one hour's pay per month (fair share) for a total annual contribution of \$ _____
OR Please charge my gift of \$ _____ (\$100 gift or more) MC Visa Account # _____ Exp Date _____
OR Draft my bank account on the 15th of each month (if \$120 or more annual pledge). Attach voided deposit slip.
OR Please bill me for my gift of \$ _____ at my home address (\$100 gift or more.) Once in _____ (month) Quarterly Monthly
OR I am enclosing my gift of \$ _____. Cash Check. (Make check payable to United Way of Denton County). Check# _____

Pillars Club Membership giving levels:

(only donors to the Community Impact Fund will be recognized as Pillars Club Members)

- Platinum: \$1,000-\$2,499 Gold \$750-\$999 Silver \$500-\$749 Bronze \$300-\$499

3 SIGN HERE TO AUTHORIZE YOUR PLEDGE: X _____ Date: _____

4 OPTIONAL If you wish to designate your contribution, check the desired box or boxes and write in the amount designated to each selection. **Please limit your choices to two selections. Minimum designation is \$50 per selection.**

Use My Gift to Invest in:

UNITED WAY OF DENTON COUNTY COMMUNITY IMPACT FUND
The Community Impact Fund uses your contribution to provide programs and services in the following areas:
Education: helping children and youth achieve their potential
Income: promoting financial stability and independence
Health: improving people's health

\$ _____ Please use my dollars to make a difference in **all** areas of the community.

OR

OTHER GIVING OPTIONS

\$ _____ A partner of the United Way of Denton County. _____
 \$ _____ Another United Way * _____
 \$ _____ Another 501(c)3 non profit Health & Human Service Organization* _____

Please list name and address of organization and/or telephone number.

If a non-qualifying agency or less than \$50 is designated, United Way will redirect these funds to the Community Impact Fund.

I want an acknowledgment of my designated gift to a partner agency. *Administrative costs will be deducted.



United Way of Denton County, Inc.

625 Dallas Drive, Suite 525
Denton, Texas 76205-7289
940-566-5851 • Fax 940-898-8976
Information & Referral Helpline: 940-566-2688
www.unitedwaydenton.org