

LIVE UNITED™



United Way
of Yellowstone County

Step 1 My Information

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

COMPANY NAME/EMPLOYEE IDENTIFICATION NUMBER _____ DAYTIME PHONE _____

EMAIL _____

Step 2 Connect My Pledge to My Community

YES I WANT TO INFLUENCE THE CONDITION OF ALL. United Way Community Care Fund. \$ _____

The most powerful way to invest your contribution. The Community Care Fund focuses on the building blocks for a good life: education, income and health.

EDUCATION Helping children and youth achieve their potential through education	INCOME Helping families become financially stable and independent	HEALTH Improving People's Health
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Restricted Contribution **SPECIFIC AGENCY** These are gifts given through the United Way of Yellowstone County to a specific 501(c)(3) organization. To help us keep processing costs low, a minimum of \$25 gift per agency is required.

\$ _____ Agency Total Agency Name and Address: _____

Please check here if you DO want your name and address released to the organization you have designated to receive your gift.

Step 3 How I Prefer to Give

Easy Payroll Deduction per pay period

I want to contribute the following amount each pay period:

\$ 50
 \$ 25
 \$ 10
 \$ 5
 Other \$ _____

12 (monthly)
 26 (every two weeks)
 24 (twice a month)
 52 (weekly)

My Total Annual Gift: \$ _____

One Time Gift \$ _____

A. Payment Enclosed
 Cash Personal Check ch# _____

B. Securities (please call 406.657.3420 for transfer information.)

C. Bill me at the address provided above
 One time Monthly Quarterly

D. Please charge my debit/credit card
 Visa Mastercard American Express Discover
 Account Number _____ / _____ / _____ / _____
 Expiration Date ____ / ____

E. ACH Transfer: I authorize United Way to deduct \$ _____ per month from my bank account. An authorization form will be mailed to you.

MY GIFT OF \$600 or more to the Community Care Fund qualifies me for membership in the **Big Sky Club**.

Please combine my gift with my spouse/significant other; Name: _____
 Employer: _____

Please list my/our name(s) as follows: _____ I/we prefer to remain anonymous

Signature _____ DATE: _____

Signature needed to authorize payroll deduction, credit card payment or billing. Please check the accuracy of all your entries. Thanks for investing in United Way.

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 cancelled check stub, pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for information.

United Way of Yellowstone County
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