

I choose to LIVE UNITED.

2173 Overland Ave, Billings, MT 59102 (406) 272-8504
www.unitedwayyellowstone.org



United Way of Yellowstone County

Tell Us About You

First Name _____ MI _____ Last Name _____
 DOB (MM/DD/YY) _____ Gender Male Female Other Prefer not to disclose
 Home Address _____ City _____ State _____ Zip Code _____
 Employer _____ Work Phone _____ Mobile Phone _____
 Preferred email address _____
 (Stay up-to-date on United Way happenings and your dollars at work.)

- I am a loyal contributor. I have been giving to United Way for _____ years.
 Please contact me as I am interested in making a legacy gift by including United Way in my will, trust or estate plan.

JOIN THE FIGHT

United Way fights for the health, education and financial stability of every person in Yellowstone County. You are a critical part of this fight. When you decide to fight for your community, it affects thousands of lives in Yellowstone County. Your support will make a significant difference in our community by improving the lives of our neighbors, families and friends.

UNITED WE FIGHT. UNITED WE WIN.

My Total Contribution: \$ _____
 Join the Big Sky Club with a contribution of \$1,000 or more.

Payment Options

- Easy** Payroll Deduction
 Amount Per Pay Period: \$100 \$50 \$25 \$10 \$5 Other \$ _____
 Number of Pay Periods: 12 26 52 Other _____
- Check/Cash Check No. _____ Make check payable to United Way of Yellowstone County.
- Stock: Call (406) 657-3420 for transfer information.
- Credit/Debit Card Donate online at: www.unitedwayyellowstone.org/give

X _____
 Signature (required) _____ Date _____

- This is a joint contribution with my spouse/partner.
 Employer: _____ Spouse/Partner name _____
 Please list me/us in recognition materials as: _____
- I/We would like to remain anonymous.

- Optional:** Designate part or all of my contribution.
 I would like to designate to a 501(c)(3) organization. \$50 minimum donation. An administration fee will be deducted.
 Name of Organization _____ Annual Dollars \$ _____
 Address _____ Phone _____
- Please share my information when requested by the designated organization.

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. For payroll contributions, please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization.

White: United Way Yellow: Company Pink: Donor



**UNITED WE FIGHT.
 UNITED WE WIN.**

LIVE UNITED

I'm excited for my contribution to United Way of Yellowstone County to improve lives in these areas:
(check all that apply)

- School Readiness**
 Reach Out and Read
 Bright by Text
 Parent Connect
- School Success**
 Graduation Matters
 Attendance Initiative
 After School Care
 Mentoring Programs
- Senior Independence**
 Nutritious Meals
 Financial Management
 In-home Services
- Crisis Stabilization**
 Housing and Shelter
 Transportation
 Advocates for abused or neglected children
 Substance abuse prevention, treatment and enforcement
- Montana 211**
Get Connected. Get Help.



THANK YOU!



