

LIVE UNITED

1. DONOR INFORMATION				
Mr./Mrs./Ms./Dr. First Name	MI Last Name			
Home Address	Birthday (MM/DD/YY)			
City	State Zip Code Phone Number			
Company Name	County Where You Work			
Email				
2. UNITED WAY INVESTMENT				
Payroll Deduction Options	Direct Gift* Total Gift This Year			
 □ hour(s) of pay per month or □ \$ per pay period. □ Weekly (52/year) □ Twice a Month (24/year) 	☐ Cash \$ ☐ Check \$ \$			
☐ Bi-Weekly (26/year) ☐ Monthly (12/year)	☐ I pay online via debit/credit card ☐ I am a first time donor.			
Signature:	at uwwt.org . I have been contributing to *No goods or services were provided to you by United Way since			
Date:	*No goods or services were provided to you by United Way of West Tennessee in exchange for this contribution.			
Community Impact Fund I want my donation to stay in this county to fund local programs meeting the greatest needs. Community Impact Funds are distributed by volunteers from each county who review grant applications and award funds based on each program's merit.				
3. DESIGNATIONS (OPTIONAL)				
I would like my gift to be designated to a specific United Way Partner Agency with a code that is listed on the back of this form .	☐ I would like to designate my gift to a 501c3 health and human services agency that is not associated with United Way of West Tennessee. Agency Name:			
	City/State:			

AGENCY DESIGNATION CODES

Carl Perkins Child Abuse Center 555 Sardis Senior Citizens Center 555 Ministric Carroll County 550 Wikapp 550 Wi	800	CARROLL/HENRY COUNTY PARTNER AGENCIES	557	Henderson County Senior Center
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