

THE MISSION OF TWIN COUNTY UNITED WAY IS TO HELP THE RESIDENTS OF NEZ PERCE & ASOTIN COUNTIES LIVE SAFE, HEALTHY, PRODUCTIVE LIVES

CONTRIBUTION FORM



Twin County United Way

investing in
what matters

MR/MRS/MS FIRST NAME MI LAST NAME

ADDRESS CITY STATE ZIP

DAYTIME PHONE COMPANY NAME

Check this box if you wish to remain anonymous EMAIL ADDRESS

Local Dollars Helping Local People

My **TOTAL** contribution is \$ _____

Signature _____ Date _____
Required for all contributions

CHOICES IN GIVING (OPTIONAL)

I FEEL MY GIFT WOULD BEST BE USED IN SUPPORT OF THE **COMMUNITY SAFETY-NET**
Funds multiple programs to meet community needs, ensuring that your contribution makes the greatest impact.

I would like to focus on the following **PRIORITY IMPACT AREAS.**

\$ _____ **Helping Youth Succeed**
Safe after school programs; youth development; character values & skill development

\$ _____ **Crisis and Emergency Intervention**
Food box programs; crisis line; homeless & domestic violence shelters; Kids Cafe program

\$ _____ **Strengthening Family and Community**
Family enrichment & information programs; legal & financial assistance; child advocacy; special athlete training; family & youth mentoring & transportation services

\$ _____ **Enriching Seniors' Lives**
Family caregiver support programs & senior case management; meal delivery; transportation access; respite care & wheelchair ramps

\$ _____ **SPECIFIC AGENCY**

changing lives

Agency Name

Program or Branch

PLEASE NOTE: Contributions under \$25 will be pooled with the Community Safety-Net program.

\$ _____ **♥ THE ONE YOU LOVE, PLUS ONE**
A specific agency gift goes to a donor-select charity, rather than helping many organizations. If giving to the agency you prefer, please consider ♥. Your additional gift to the Community Safety-Net program will make a difference.

you
can make a difference

caring about
what matters

METHOD OF PAYMENT

PAYROLL DEDUCTION
I authorize my employer to deduct my total annual contribution from my paycheck in equal amounts
I Pledge: \$ _____ x _____ = \$ _____
per paycheck pay periods **TOTAL**

BILL ME \$50 minimum
I Pledge: \$ _____ x _____ = \$ _____
per invoice 1, 4 or 12 invoices **TOTAL**

CHARGE MY GIFT \$50 minimum
I Pledge: \$ _____ x _____ = \$ _____
per invoice 1, 4 or 12 invoices **TOTAL**
 Discover VISA American Express
 Mastercard
CARD NUMBER _____ EXPIRES _____

Charges to your credit card may not be immediate, as it takes weeks for your contribution form to be submitted to our office.

Automatic Bank Withdrawal
Please attach voided check - minimum \$50 pledge (monthly 1st day of each month) **TOTAL** _____

One Time Gift My TOTAL is enclosed
 Cash (enclosed, please do not staple)
 Check (enclosed payable to TCUW)
 Securities (please call 208-743-6594)

Harvest Club

I would like to be a community leader by giving a leadership contribution. Please recognize me/us in the following category:

- Cream of the Crop \$5,000 & up
- Bumper Crop \$4,000-\$4,999
- Golden Harvest \$3,000-\$3,999
- High Yield \$2,000-\$2,999
- Yield \$1,000-\$1,999

My spouse and I are combining our pledge to equal a leadership gift.
Spouse's Name _____
Spouse's Employer _____
Recognition Name _____