The Mission of Twin County United Way is to identify needs, unite people, share resources, and improve lives in Nez Perce and Asotin County

Contribution Form

United Way
Twin County United Way
2207 E. Main St.
Lewiston, ID 83501
208-743-6594

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

My *TOTAL* contribution is $ _____

Signature _____ Date _____
Required for all contributions

☐ **Continue My Pledge Yearly**
*Your giving continues to help others until you indicate otherwise to your payroll office or TCUW.

Choices in Giving (optional)

☐ **I feel my gift would best be used in support of the**

Community Impact Fund

Funds multiple programs to meet community needs, ensuring that your contribution makes the greatest impact.

OR

☐ **I would like to focus on the following Priority Impact Areas.**

$_____ **Education**

$_____ **Income/Financial Stability**

$_____ **Health**

$_____ **Specific Agency**

Agency Name

Program or Branch

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

☐ **Contact me about Volunteering**

Method of Payment

☐ **PAYROLL DEDUCTION**
I authorize my employer to deduct my total annual contribution from my paycheck in equal amounts

I Pledge: $ _____ (per paycheck) x _____ (pay periods) = $ _____ ***TOTAL***

☐ **BILL ME** $50 minimum

I Pledge: $ _____ (per invoice) x _____ (1, 4 or 12 invoices) = $ _____ ***TOTAL***

☐ **CHARGE MY GIFT** $50 minimum

I Pledge: $ _____ (per invoice) x _____ (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 Withdrawl**
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)

☐ **Contact me about investing in the TCUW endowment.**

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 _____

Top-Twin County United Way Yellow-Payroll Pink-Donor

46554