



CONTACT INFORMATION

Personal information, including email address, is never shared with third parties.

MR/MRS/MS/DR FIRST NAME MI LAST NAME SUFFIX  
COMPANY NAME  
HOME ADDRESS CITY STATE ZIP  
HOME EMAIL WORK EMAIL  
PERSONAL PHONE CELL HOME WORK PHONE

CHOOSE WHERE TO DIRECT YOUR GIFT

All or part of your gift may be directed to the Community Impact & Innovation Fund or a specific target area by completing A, B and/or C.

A Give directly to United Way of Chester County's COMMUNITY IMPACT & INNOVATION FUND \$ \_\_\_\_\_

B Give to a specific area of focus within the COMMUNITY IMPACT & INNOVATION FUND:

HEALTHY COMMUNITY  
Improving health and well-being for all  
\$ \_\_\_\_\_

YOUTH OPPORTUNITY  
Helping young people realize their full potential  
\$ \_\_\_\_\_

FINANCIAL SECURITY  
Building financial stability and strength  
\$ \_\_\_\_\_

C Give to another nonprofit United Way encourages unrestricted contributions, but will honor gifts to an eligible IRS 501(c)(3) agency or another United Way. Be sure to include a complete address and phone number for the designated agency. If a designation cannot be processed for any reason the contribution will be directed to United Way. Additional designations may be attached.

AGENCY NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
AGENCY ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHOOSE YOUR PAYMENT METHOD

(Total gift = pledge amount x frequency and should reflect the total of A+B+C)

Payroll Deduction

Per Pay Pledge Amount  
\$100 \$50 \$25 \$20 \$15 \$10 \$7 \$5 \$3 Other \$ \_\_\_\_\_

Frequency (# of annual pay periods)  
Weekly (52) Every 2 weeks (26) Twice a month (24) Monthly (12) Other \_\_\_\_\_

One-Time Gift

\$1000 \$750 \$500 \$250 \$200 \$150 \$100 \$75 \$50 Other \$ \_\_\_\_\_

CASH CHECK (Payable to Chester County United Way)

BILL ME (\$50 minimum to be billed)

CREDIT CARD (Make a secure credit card donation at GiveToUnitedWay.org)

TOTAL GIFT AMOUNT  
\$ \_\_\_\_\_

Please sign here to authorize your pledge.  
X  
SIGNATURE (Required) DATE

Your gift of \$1,000 or more qualifies for the Leadership Giving Society.  
Please list my/our name(s) as follows:

\_\_\_\_\_  
I/we prefer to remain anonymous.