



1 My Information

Mr. Mrs. Ms. Dr. **PLEASE PRINT**

First Name _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

Company Name _____

(label)

Leave a Legacy

I wish to leave a lasting legacy through a bequest, IRA, life insurance, endowment gift or remainder interest in my home.

2 My Gift

<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> DIRECT GIFT
I will contribute the following: <input type="checkbox"/> Fair Share - One Hour's pay per month for 12 months. <input type="checkbox"/> Continuing Fair Share - Continue my fair share gift again this year. <input type="checkbox"/> Extra Mile - 1 1/2 hours pay per month for 12 months. <input type="checkbox"/> Leadership Gift - \$1,000 or more OR Please deduct \$ _____ per paycheck for _____ pay periods. Total Annual Gift \$ _____	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check (enclosed) <input type="checkbox"/> Credit Card (\$25 Minimum) Card # _____ Exp. ____/____ Security Code _____ <input type="checkbox"/> Bill me one time (month/yr) _____ <input type="checkbox"/> Bill me monthly <input type="checkbox"/> Bill me quarterly Total Annual Gift \$ _____

OPTIONAL DESIGNATION AREA

Please send \$ _____ of my total gift to the United Way of Bristol partner agency below:

Please send \$ _____ of my total gift to another 501(c)3 health and human service agency as listed below: (include name and address of agency)

3 Recognition

Please recognize my/our leadership gift.

<input type="checkbox"/> Alexis de Tocqueville Society: \$10,000+ <input type="checkbox"/> Platinum Quill: \$7,500-\$9,999 <input type="checkbox"/> Gold Quill: \$5,000-\$7,499 <input type="checkbox"/> Sterling Silver Quill: \$3,000-\$4,999 <input type="checkbox"/> Silver Quill: \$2,000-\$2,999 <input type="checkbox"/> Brass Quill: \$1,500-\$1,999 <input type="checkbox"/> Bronze Quill: \$1,000-1,499 <input type="checkbox"/> Initials Club: \$500-\$999	My campaign pledge is: \$ _____ My spouse's pledge is: \$ _____ -Spouse's Name _____ -Spouse's Employer _____ My/Our Total Pledge: \$ _____
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For donor recognition, please list my/our name(s) as listed below:

 Recognition Name

I prefer that my/our gift remain anonymous.

4 Signature

Signature: _____ Date: _____

I am a Loyal Contributor (10+years) and have given to United Way (in any community) since _____ (year of first gift).

THANK YOU!

Important Tax Information

Your contribution may be tax deductible. United Way acknowledges your donation was given with no goods or services received on your part. As required by the Internal Revenue code, a one-time gift of \$250 or more will be verified with a receipt from the United Way of Bristol.