

LIVE UNITED

DONOR

Name (please print): _____

Home Mailing Address: _____

Email: _____

Signature: _____

Date: ____ / ____ / ____ Birth Date: ____ / ____ / ____

EMPLOYER

Company Name: _____

Division/Location: _____

Company Identification Number: _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1.800.435.7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE REGISTRATION NUMBER FOR UNITED WAY OF CENTRAL FLORIDA IS CH-466. UNITED WAY OF CENTRAL FLORIDA RECEIVES 100% OF YOUR CONTRIBUTION. NO GOODS OR SERVICES WERE PROVIDED IN CONSIDERATION IN WHOLE OR IN PART FOR THE FOREGOING GIFTS.

Thank you for giving to United Way.

White copy: United Way of Central Florida (Coordinators: Include white copies in your recap envelope)

Pink copy: Company Payroll

Yellow copy: Donor copy (Retain this copy for your records. For payroll deductions - in addition to the pledge card copy, retain a paystub, W-2, or other employer document that indicates the amount withheld during the tax year. Ref IRS Pub#1771.)

UWCF Account Number (Internal Use Only)

PAYROLL DEDUCTIONS

Please make deductions per pay period in the amount I have checked.

Gift Per Paycheck

- \$50.00
- \$25.00
- \$10.00
- \$5.00
- \$3.00
- Other \$ _____

Paychecks Per Year

- 52 (Weekly)
- 26 (Bi-Weekly)
- 24 (Semi-Monthly)
- 12 (Monthly)

$$\frac{\text{Column 1}}{\text{Column 2}} \times \text{Column 2} = \$ \text{Total Annual Gift}$$

ONE-TIME DONATION

Please accept my one-time gift of \$ _____

- Cash Bill me at home.
- Check or money order is enclosed. (Payable to United Way)

LEADERSHIP GIVING ASSOCIATION

Individual or combined gifts of \$1,000 or more

- My Leadership Gift \$ _____
Birth Date ____ / ____ / ____
- My spouse and I combine gifts.

Spouse Name: _____

Company: _____

United Way
of Central Florida

