

UNITED WAY OF GALVESTON

PO Box 2250, Galveston, Texas 77553 | (409) 762-HELP | www.uwgalv.org



ABOUT YOU

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

STATE ZIP HOME PHONE DAYTIME PHONE

COMPANY NAME

I'm a loyal contributor!
I have been contributing to United Way for ____ years.

Please record my gift as an anonymous donation. The details provided above are for receipt, tax and confirmation purposes only.

Please help us cut some costs...Please provide your email address so we can confirm your pledge and designation wishes via email.

HOME EMAIL ADDRESS *

YOUR CONTRIBUTION

EASY PAYROLL DEDUCTION

I am paid: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)
(\$__x52=\$__annually) (\$__x26=\$__annually) (\$__x24=\$__annually) (\$__x12=\$__annually)

\$ _____ annually

One-time deduction in the month of: _____

DIRECT GIFT: (CASH, CHECKS, CREDIT)

Cash \$ _____ Check # _____ Amount \$ _____

\$ _____ direct gift

(Please make cash and checks payable to United Way of Galveston)

Credit Card: Visit uwgalv.org to make a one-time or recurring gift.

PLEASE CHOOSE HOW YOU WOULD LIKE TO INVEST IN YOUR COMMUNITY

United Way of Galveston. THE MOST POWERFUL WAY TO INVEST YOUR CONTRIBUTION.

Your investment in United Way directly funds partner agencies to address deep-rooted issues in our community by focusing on:

EDUCATION Helping children and youth achieve their potential

- Improving access to quality, affordable child care and early learning opportunities
- Partnering with schools and parents to improve graduation rates
- Providing after-school and mentoring programs for at-risk youth

FINANCIAL STABILITY Helping families become financially stable and independent

- Supporting basic needs while increasing financial education
- Helping hardworking people obtain job training and family-sustaining wages
- Connecting people to the resources they need

HEALTH Improving people's mental and physical health

- Reducing substance abuse, child abuse and domestic violence
- Providing seniors and children with access to nutritious food
- Increasing access to critical mental and physical healthcare services, and preventive care

Specific Agency Designation

AGENCY NAME

AMOUNT \$

A \$50 minium contribution is required for each donor designation to non-partner agencies of the United Way of Galveston (see accompanying brochure for a list of UWG partner agencies). No fees will be charged for designations made to UWG partner agencies. Eligible agencies must be a nonprofit 501(c)(3) organization. Please include the address for non-partner agencies of UWG.

Signature

Date

Please check the accuracy of all your entries.
Thanks for investing in United Way of Galveston.

Thank you for your contribution through the United Way of Galveston campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.