

DONOR INFORMATION

Mr./Ms. _____
 First Middle Initial Last Date of Birth

Home Address _____ City State Zip

Organization _____

Address _____ City State Zip

(_____) Phone Number Personal E-mail Address

How would you like your name to appear when recognized? _____

I would like my gift to remain anonymous.

MY INVESTMENT

3-Year \$10,000 Step-up Program:

◆\$5,000 this year

◆\$7,500 next year

◆\$10,000 the year after

Check (Payable to United Way of PBC) Amount \$ _____ Check # _____

Stock/Securities (We will contact you with our procedures) \$ _____

Credit Charge my card: MONTHLY \$ _____ X 12 QUARTERLY \$ _____ X 4 ONE TIME \$ _____

TOTAL ANNUAL CHARGE \$ _____ MasterCard AmEx Visa Discover

Credit Card # _____ Exp date: _____

Company Match Company name: _____ Amount: \$ _____

TOTAL Annual Pledge/Donation \$ _____

Thank you!  _____ Date _____

SIGNATURE REQUIRED for all donations

OTHER GIVING OPPORTUNITIES

I would like to speak with someone about establishing a **Donor Advised Fund**.

I would like to speak with someone about making a **Planned Gift**.