

CHANGE DOESN'T HAPPEN ALONE

Your donation to United Way of Alamance County's Community Fund supports programming to help individuals and families have access to the resources to live happy, healthy lives.



Local dollars make local impact!
THANK YOU!





ABOUT ME

DR./MR./MS./MRS. NAME _____
Circle One Required

HOME ADDRESS _____
Street City State Zip

CELL/HOME/WORK PHONE (____) _____ **EMPLOYER** _____
Circle One

PERSONAL EMAIL _____

Spouse/partner (for mailing purposes)

NAME _____

FOR PUBLIC RECOGNITION

- Recognition Name(s) _____
If different than above
- I/We prefer all my/our gifts to remain anonymous

MY UNITED WAY INVESTMENT

EASY PAYROLL DEDUCTION

- A. Number of pay periods _____
- B. Amount per pay period \$ _____
- C. Total Annual Pledge (AxB)= \$ _____

OTHER OPTIONS

Cash Amount \$ _____

Check Amount \$ _____ Payable to United Way of Alamance County
Check # _____ Date _____

Credit Card Visit www.uwalamance.org/#donate
of months _____
Total amount \$ _____

Additional way to give Visit www.uwalamance.org/#donate
Round-Up

SIGNATURE (required) _____ **DATE** _____

Supporting United Way's Community Fund is the best way to do the most with your gift, but you may designate if you choose. Please note that designations must be a minimum of \$50 to a 501(c)3 organization. If you wish to designate your gift, please write the name of the agency in this form.

If you have questions, please contact your workplace campaign coordinator or Anne Connolly, aconnolly@uwalamance.org