

Thank you for caring for those in need across the Mid-South by supporting United Way.

Complete Donor Information (please print)

Mr. Ms. First Name _____ M.I. _____ Last Name _____
 Mrs. Dr. _____

Home Address (Required if you wish acknowledgment of your gift)

City _____ State _____ Zip Code + 4 _____

Employer

E-mail (optional)

United Way is working to make a positive impact on people's lives in your community. To do that, we need to know in which county your community is located. (If a county is not marked, your donation will go to work in the county in which your organization is located):

- Crittenden (5201) DeSoto (5202) Fayette (5203) Lauderdale (5204)
 Shelby (5205) Tate (5208) Tipton (5206) Tunica (5207)



**United Way
of the Mid-South**



We want to know about your history of support for our community. **Please let us know how long you have supported United Way:**

- Less than five years (01) 5-10 years (02) 11-15 years (03) 16-20 years (04) 21 - 25 years (05) Over 25 years (06)

Decide how much you want to contribute and how you want to give your donation

Payroll Deduction – the easiest way to give!

I want to contribute the following percentage of my salary **each pay period:** 2.5% 2.0% 1.5% 1.0% Other _____%

or, I would like to contribute a specific amount **each pay period:** \$50 \$25 \$10 \$5 Other \$ _____

or, I would like to **increase my current payroll deduction donation** to United Way by \$ _____ per pay period.

My pay period is: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12) Other _____

Other Payment Options

Credit Card: I want to contribute \$ _____ using my (select one) Visa Mastercard American Express Discover

Card # _____ **Expiration Date** _____ / _____

Your signature below authorizes United Way of the Mid-South to make this charge to your credit card or debit card as indicated above for the amount stated.

Personal check or cash enclosed (please make check payable to **United Way of the Mid-South**)

Stocks/Securities (please call (901) 543-5774 to facilitate)

Bill me each quarter for \$ _____ **In order to keep costs low, a directed billing donation must be greater than \$25 per billing.**

Therefore, my **TOTAL** Annual Gift is: \$ _____ **Thank you!**

Be a Leadership Giver! If your annual gift to United Way of the Mid-South is \$500 or more, please print your name as you wish it to appear in our Leadership Giving recognition materials (Examples: Mr. and Mrs. John Doe or John and Jane Doe).

Check here to remain anonymous.

Signature required

Date

I authorize my employer to deduct the necessary amount(s) from each pay check. I understand this authorization will continue unless otherwise specified by me in writing. If applicable, I authorize United Way of the Mid-South to make a charge to my credit card as indicated above for the amount stated. I understand that all personal information will be kept confidential. *United Way of the Mid-South does not provide goods or services as whole or partial consideration for any contribution.*