



United Way of the Bluegrass

1. MY INFORMATION:

To ensure that your gift is processed correctly, please print BOLDLY and legibly on this donor form and use a BLUE OR BLACK INK PEN. United Way respects your privacy and does not sell, trade or disclose personal information.

Form fields for donor information: PREFIX, FIRST NAME, M.I., LAST NAME, SUFFIX, HOME ADDRESS, APARTMENT NUMBER, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, EMPLOYER, EMPLOYEE ID.

Register me for the United Way Loyal Contributors Program (10+ years as a donor). I have been contributing to United Way since (year)

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS

2. PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:

INFLUENCE THE CONDITION OF ALL United Way Community Impact Fund

The most powerful way to invest your contribution. United Way is working to advance the common good by focusing on education, income and health. These are the building blocks for a good life—a quality education that leads to a stable job, enough income to support a family through retirement and good health.

OR (one or more of the following)

- EDUCATION — Helping children and youth achieve their potential through education
INCOME — Helping families become financially stable and independent
HEALTH — Improving people's health

Your contribution of \$156 or more to the United Way Community Impact Fund or one of the three focus areas enrolls you in the Caring Club with special discounts at area retailers. Read more details online at www.uwbg.org.

3. PLEASE SELECT YOUR GIFT OPTION:

A gift of \$1,000 or more qualifies you for membership in the United Way Leadership Circle.

EASY PAYROLL DEDUCTION

Form fields for payroll deduction: A. I pledge \$ per pay period. B. My pay period is: weekly, every two weeks, bi-monthly, monthly, other. C. My TOTAL annual payroll deduction (A x B) is: \$

OTHER WAYS TO GIVE (home address required above)

Form fields for other ways to give: My TOTAL donation \$, Cash/Check, Stocks/Securities, Bill me, Credit Card, CREDIT CARD NUMBER, EXPIRATION, FIRST BILLING DATE.

4. RECOGNITION:

Form fields for recognition: Please combine my gift with (spouse, partner, etc.), Please list my/our name(s) as follows, My gift qualifies me for the Young Leaders Program, DATE OF BIRTH, I PREFER THAT MY GIFT REMAIN ANONYMOUS.

5. PLEASE SIGN AND DATE:

Office Use Only

Signature - required (your signature authorizes your pledge)

Date

Optional - you do not need to complete the remainder of this form if you want your contribution to be invested in local programs that support education, income and health. To give to a specific United Way initiative or member agency, please specify below. (Listing available at www.uwbg.org or call 859-233-4460.)

Reminder: to be eligible for the Caring Club your gift must be directed to United Way's Community Impact Fund or focus areas; single agency contributions do not qualify.

OFFICE USE ONLY: NAME OF UNITED WAY INITIATIVE OR MEMBER AGENCY, ANNUAL DOLLARS \$, 19090-09

Thank you for your generosity.