



**MY INFORMATION**

Please print **BOLDLY** and legibly on this donor form using a **BLUE OR BLACK INK PEN**.  
Personal information, including email, is held in strict confidence and is never sold or shared.

PREFIX \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS (required for Lexington Legends Voucher, Caring Club® card eligibility and credit card charges)  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_

I have given to United Way for:  10+ years  25+ years  I think long-term. Tell me about estate planning and endowment gifts.

**MY INVESTMENT**

Choose how you want to invest in your community.

**INFLUENCE THE CONDITION OF ALL through the Community Impact Fund**

The most powerful way to invest your contribution.

OR (one or more of the following)

- EDUCATION
- INCOME
- HEALTH

**LEVELS OF GIVING**

\$156+	Caring Club (undesignated gifts only, must provide address)
\$500+	Young Leaders Society (ages 39 and under)
\$1,000 - \$1,999	Leadership -- Bronze Circle
\$2,000 - \$4,999	Leadership -- Silver Circle
\$5,000 - \$9,999	Leadership -- Gold Circle
\$10,000+	Tocqueville Society

*Be a Leader in Giving! \$1,000 per year is only \$2.74 a day!*

**MY DONATION**

**1. Easy Payroll Deduction:** \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Amount per pay period (\$100, \$50, \$30, \$15, \$10, \$5, other)      Number of pay periods in a full year: (every 2 weeks = 26, twice/month = 24)      Total

**2. Cash/Checks:** Enclosed, made payable to United Way.....\$ \_\_\_\_\_

**3. Stock:** United Way will contact you or call 859.233.4460.....\$ \_\_\_\_\_

**4. Bill Me:** Minimum \$100 annual gift. Home address required.....\$ \_\_\_\_\_

**5. Automatic Credit Card Charge:** Minimum \$100 annual gift. Home address required.....\$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Visa  MC  Discover

For options 4 and 5, bill/charge me:  One time  Quarterly  Monthly      Billing will begin upon receipt unless otherwise noted \_\_\_\_\_  
FIRST BILLING DATE (MM/YY)

**Giving Recognition** (if your combined gift is \$1,000 or more, you and your spouse/partner qualify for the Leadership Circle)

Please list my gift in United Way publications as

\_\_\_\_\_  or Anonymous

My spouse/partner also gives to United Way.

Spouse's/partner's name \_\_\_\_\_

Spouse's/partner's employer (if applicable) \_\_\_\_\_

**MY SIGNATURE**

(Required)

DATE:

MY TOTAL GIFT \$

**Thank you!** See how your gift is making a difference at [www.uwbg.org](http://www.uwbg.org).

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](http://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.**