



MY COMMUNITY INVESTMENT

Please print all information clearly. Your personal information is never shared.

1. MY INFORMATION

Company/Employer _____

First Name _____ MI _____ Last Name _____

Home Mailing Address _____ City _____ State _____ ZIP _____

Email _____ Phone _____

Date of Birth: ____/____/____ Gender: M F I wish to remain anonymous.

2. MY PLEDGE

OPTION 1: Easy Payroll Deduction

- Fair Share: One hour's pay per month
My Hourly Rate: \$_____
- Average Gift: \$3.95 per week
- Leadership Gift: \$10 per week
- Other Gift: \$_____ per pay period
I get paid:
 Weekly Every 2 Weeks Twice Per Month Monthly

T-SHIRT SIZE *(Fair Share/Average Gift or more)*

- S M L XL 2X 3X 4X No thanks

OPTION 2: Direct Gift

Gift Amount: \$_____

- Cash Check
- Bill Me (\$50 minimum)
 Monthly Quarterly One Time
- Credit Card (\$50 minimum)
 Monthly Quarterly One Time

Card Number _____

Expiration ____/____ CVV _____

3. MY IMPACT

- Community Care Fund** *Use my gift where it's most needed* Academic Success Family Stability Health & Wellness

Or designate to a specific program or agency:

- Early Childhood Coalition Hunger Coalition of Northeast Mississippi
- Volunteer Northeast Mississippi Northeast Mississippi Health Alliance
- Specific Partner Agency: _____
- Another United Way: _____

Ineligible designations will be redirected to the United Way Community Care Fund. If an agency you choose is eligible but becomes ineligible at any point in the distribution schedule (such as when an agency closes), UW will direct the remaining portion of your gift to the Community Care Fund.

Signature _____

Date _____