



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 _____

Proudly serving Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Prentiss, Tishomingo, and Union Counties