unitedwaympc.org

1 MY INFO

2024 CAMPAIGN

United Way of Monongalia and Preston Counties



PREFIX	FIRST NAME		MI LAST	NAME			LOYAL CONTRIBUTOR	
OTHER NAMES ().	e. MAIDEN NAME, ETC.)						I have been contributing to United	
OTHER NAMES (I.	e. MAIDEN NAME, ETC.)						Way since (year) (includes any United Way)	
HOME ADD	RESS		CITY		STATE	ZIP	I WOULD LIKE INFO ON	
							Including United Way in my will, trust, or estate plan.	
EMAIL ADDI	RESS						Volunteering in my community.	
HOME PHO	NF	WORK PHONE		BIRTH DATE				
COMPANY N	NAME			EMPLOYEE II)			
2 MY G	IFT TOTAL	GIFT AMOUNT	Ś					
			Y					
EASY PAYROLL DEDUCTION				CHECK Chec	CHECK Check # Check Date CASH			
\$	X	= \$		Payable to United \	Vay of Monong	alia and Preston (Counties	
Amour	nt Per Pay Number	r of Pay Periods To	tal Gift Amount		D			
	ME 🗆 Now 🗆 (Dne Time - Jan. 1st 🛛 🗌 Qua	rterly in 2024				/	
				Credit Card No.		Ex	p. Date.	
3 MY II	NVOLVEMENT							
LEA	DERSHIP GIVIN	IG ASSOCIATION	Founders \$750 - \$999	· · · · · · · · · · · · · · · · · · ·	Zackquill Mo 51,000 - \$9,999	organ Society	Tocqueville Society \$10,000 or above	
For publi	ishing recognition, p	lease list my name as foll	ows: (Include ad	ditional person's nar	ne if preferre	ed)		
						□ I/	We prefer to not be published	
Connects a diverse group of young individuals with the United Way to make an impact on their community. -No minimum amount -Age range (20-40 years old)					N ł	Harnesses the power and dedication of women leaders to transform local communities. Focuses on education initiatives.		
				UNITE	' n '		-Participation in annual fundraising	
4 MY I	NVESTMENT							
United Way Community Impact Fund						Preston Co	mmunity Impact Fund	
The most powerful way to invest your contribution. Trained volunteers study community conditions and meet every agency applying for United Way Funding to ensure informed decisions are made before investing your gives the study of the study					Directs your gift specifically to programs and funded partners serving Preston County.			
Desig	nated Gift If not a U	ited Way Funded Partner, adminstrative o	costs will be deducted. A	\$100 minimum contribution per ag	ency is required for	this option.		
THE AGENCY'S	COMPLETE NAME AND ADDF	RESS					AMOUNT	
							\$	
							\$	
	Release n	ny information Pleas	e release my name,	address, and gift information	tion to the char	ities I have desig	nated my gift.	
0:00	Here:						Thank You!	