unitedwaympc.org

2027 CAMPAIGN

UNITED WAY
Monongalia and Preston Counties

1 MY INFO

PREFIX | FIRST NAME | MI | LAST NAME

OTHER NAMES (i.e. MAIDEN NAME, ETC.)

HOME ADDRESS | CITY | STATE | ZIP

EMAIL ADDRESS

HOME PHONE | WORK PHONE | BIRTH DATE

COMPANY NAME | EMPLOYEE I.D.

LOYAL CONTRIBUTOR

☐ I have been contributing to United Way since _____ (year) (includes any United Way)

I WOULD LIKE INFO ON

☐ Including United Way in my will, trust, or estate plan.

☐ Volunteering in my community.

2 MY GIFT

TOTAL GIFT AMOUNT $

☐ **EASY PAYROLL DEDUCTION**

$_____ (Amount Per Pay) X _____ (Number of Pay Periods) = $_____ (Total Gift Amount)

☐ **CHECK** Check #_____ Check Date _____

Payable to United Way of Monongalia and Preston Counties

☐ **CASH**

☐ **CREDIT CARD**

Credit Card #_____ Exp. Date _____/_____

☐ **BILL ME** ☐ Now ☐ One Time - Jan. 1st ☐ Quarterly in 2027

3 MY INVOLVEMENT

LEADERSHIP GIVING ASSOCIATION

☐ **Founders Society** $750-$999

☐ **Zackquill Morgan Society** $1,000-$9,999

☐ **Tocqueville Society** $10,000 or above

For publishing recognition, please list my name as follows: (Include additional person's name if preferred)

☐ **I/We prefer to not be published**

☐ **EMERGING LEADERS**

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)

☐ **WOMEN UNITED**

Harnesses the power and dedication of women leaders to transform local communities. Focuses on education initiatives.

- No minimum amount
- Participation in annual fundraising

4 MY INVESTMENT

☐ **United Way Community Impact Fund**

The most powerful way to invest your contribution. Trained volunteers study community conditions and meet with every agency applying for United Way Funding to ensure informed decisions are made before investing your gift locally.

☐ **Preston Community Impact Fund**

Directs your gift specifically to programs and funded partners serving Preston County.

☐ **Designated Gift** If not a United Way Funded Partner, administrative costs will be deducted. **A $100 minimum contribution per agency is required for this option.**

THE AGENCY'S COMPLETE NAME **AND** ADDRESS | AMOUNT

$

$

☐ **Release my information** Please release my name, address, and gift information to the charities I have designated my gift.

SIGN HERE _____ **Date:** _____ **THANK YOU!**

No compensation, goods, or services have been given to the donor from United Way of Monongalia and Preston Counties in return for this contribution.