



1. YOUR INFORMATION

Mr./Mrs./Ms./Dr. First Name: _____ Last Name: _____ Birthdate ___/___/___

Home Address: _____ City/State/Zip: _____

Preferred Email Address: _____ Preferred Phone: _____

2. YOUR CONTRIBUTION

My total annual gift: \$ _____

- ◇ Cash or Check - Attached and payable to United Way of Clarion County
- ◇ Personal Billing - Please send a personal billing statement to my home address

UW OFFICE USE ONLY

DATE RECEIVED:

DATE PROCESSED:

3. YOUR INVESTMENT A \$10 minimum donation per designation is required. Undesignated donations or donations that do not meet the minimum requirements will be directed into the Community Impact Fund.

◇ Please use my gift where it is most needed

United Way Initiatives

- ◇ Imagination Library
- ◇ Community Cancer Fund
- ◇ Fitzgerald Ramp Fund
- ◇ PA 2-1-1
- ◇ Community Impact Fund

Member Agencies

- ◇ The Arc of Clarion County
- ◇ Clarion Area Agency on Aging
- ◇ Clarion Forest VNA
- ◇ Passages
- ◇ SAFE
- ◇ Scenic Rivers YMCA
- ◇ Special Olympics
- ◇ Youth Connection

Donor Choice Designations

Donors may choose any local 501(c)3, non-profit, or first responder organization. 100% of your gift will passed onto your selection.

Name : _____

Address: _____

City, State Zip: _____

4. YOUR RECOGNITION

- ◇ I am a loyal donor who has contributed for _____ years.
- ◇ List my/our name(s) as below in recognition materials:

- ◇ I prefer to remain anonymous
- ◇ I would like more information about United Way's Leadership Giving programs
- ◇ I have included United Way in my will/estate plans
- ◇ I would like additional information about planned giving options such as memorials, beneficiaries, gifts, trusts or bequests.

Signature: _____

Date: _____