



## 1. YOUR INFORMATION

Mr./Mrs./Ms./Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_  
(circle one)

Mr./Mrs./Ms./Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_  
(circle one)

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

## 3. YOUR INVESTMENT

A \$5 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

- ◇ Clarion County's Imagination Library
- ◇ Community Impact Fund
- ◇ Community Cancer Fund
- ◇ Fitzgerald Ramp Fund
- ◇ Neighbor Aid Fund

### Member Agencies

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

### Donor Choice Designations

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

◇ \_\_\_\_\_

## 4. YOUR RECOGNITION

I am a loyal donor who has contributed for \_\_\_\_\_ years.

My gift is Leadership Level giving!

\*combined household annual donation

- ◇ Tocqueville - \$10,000
- ◇ Gold - \$5,000
- ◇ Silver - \$2,500
- ◇ Bronze - \$1,000

- ◇ 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.
- ◇ List my/our name(s) as below in recognition materials:  
\_\_\_\_\_
- ◇ I prefer to remain anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_