



PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

INFLUENCE THE CONDITION OF ALL. United Way Community Investment Fund.

The most powerful way to invest your contribution.

AMOUNT \$

option B

EDUCATION Helping children and youth achieve their potential through education

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

AMOUNT \$

INCOME Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for seniors and family

AMOUNT \$

HEALTH Improving People's Health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**

AMOUNT \$

option C

Restricted Contribution

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$

Signature

Date

United Way Pledge Form

United Way
Loyal Contributor Program

MR./MRS./MS./DR. FIRST NAME MI LAST NAME
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY
 STATE ZIP HOME PHONE DAYTIME PHONE

I have been contributing to United Way for _____ years.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Consult your tax advisor for more information.

Spouse (for combined credit):

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME E-MAIL ADDRESS *

DIRECT GIFT

Direct gift to be paid by:

AMOUNT \$

- Cash Personal check (enclosed) Securities (please call 540-885-1229)
 Quarterly Billing Credit Card ___ Visa ___ MC ___ Amex
 (Jan-Apr-Jul-Oct) Name _____
 Acct. _____ Exp. _____

Leadership Circle Alexis de Tocqueville Society \$10,000+ Diamond \$5,000+
 Platinum \$2,500+ Gold \$1,500+ Silver \$1,000+ Bronze \$500+

MY GIFT OF \$500 OR MORE qualifies me for membership in **Leadership Circle**
 My name will be listed as it appears above.

AMOUNT \$

Please list my/our name(s) I prefer that my gift remain anonymous.
 as follows: _____