



DONOR INFORMATION

Mr./Ms. _____
First Middle Initial Last Date of Birth

Home Address _____ City State Zip

Organization _____

Address _____ City State Zip

Phone Number _____ Personal E-mail Address _____

How would you like your name to appear when recognized? _____

I would like my gift to remain anonymous.



MY INVESTMENT

3-Year \$10,000 Step-up Program: ♦ \$5,000 this year ♦ \$7,500 next year ♦ \$10,000 the year after

Check (Payable to United Way of PBC) Amount \$ _____ Check # _____

Stock/Securities (We will contact you with our procedures) \$ _____

Credit Charge my card: Monthly \$ _____ x 12 Quarterly \$ _____ x 4 One Time \$ _____

TOTAL ANNUAL CHARGE \$ _____ MasterCard AmEx Visa Discover

Credit Card # _____ Exp. Date # _____ CVV # _____

Company Match Company Name: _____ Amount \$ _____

TOTAL Annual Pledge/Donation \$ _____

THANK YOU!



SIGN HERE

_____ **DATE** _____

SIGNATURE REQUIRED for all donations



OTHER GIVING OPPORTUNITIES

I would like to speak with someone about establishing a **Donor Advised Fund**.

I would like to speak with someone about making a **Planned Gift**.