UnitedWayPBC.org





P	MY INFORMATI	, DN (Please print clear	rlv)
Prefix First	Middle Initial	Last	Date of Birth
Employee ID # Employer			
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Home Address	Unit #	City	State Zip
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<b>GO GREEN!</b> I prefer to receive all c	ommunication via my email address.	United Way will not sell or shar	re your personal information.
MY GIFT	TO UNITED WAY OF	PALM BEACH	COUNTY*
			┐ <b>┢</b>
○\$150 ○\$100 ○\$75	$5 \bigcirc$ \$50 $\bigcirc$ 0ther \$	X # of pay pe	riods Total Annual Amount
□ Cash □ Check (Payable to	o United Way of PBC) Check	#	\$
For secure credit card donation	s nlease click here		Amount
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	То	tal Donation Amo	unt \$
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\$7,500 second year   \$10,000 thir	rd year	\$250 or m	
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SIGN HERE			Date
	SIGNATURE REQUIRED for a	II donations	bato
I would like more information on Planned Giving			Thank you

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