LIVE UNITED

GIVE. ADVOCATE. VOLUNTEER.

1 Please help us confirm your gift and report our results.

Mr./Mrs./Ms./Miss/Other _____ Name(s) _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

Employer _____ Dept./Branch _____

☐ Loyal Contributor: I have been contributing to United Way for _____ years.
☐ My spouse/partner contributes and we would like to combine our gifts. Her/His name is: _____
☐ I would like to receive information on estate planning and how to include a gift to United Way.

LIVE UNITED
United Way
United Way of
San Luis Obispo County

P.O. Box 14309
San Luis Obispo, CA 93406
(805) 541-1234
development@unitedwayslo.org
www.unitedwayslo.org

Thank You

for investing in your community and helping advance the common good!

Your donation to the Community Impact Fund will be invested in local programs that meet needs in education, income and health.

2 Please select the type of donation you would like to make:

☐ **PAYROLL DEDUCTION:** I authorize my employer to deduct $ _____ from my paycheck per pay period.
I am paid:

- ☐ Weekly (52 times a year)
- ☐ Every 2 week (26 times a year)
- ☐ Twice a month (24 times a year)
- ☐ Monthly (12 times a year)

Total Annual Gift: $ _____

For payroll deductions, please complete this form and submit it to your Campaign Coordinator or HR Director.
To set up an online portal for your company and donate directly please contact United Way of SLO's Resource Development Director at (805)541-1234 ext 1003.

☐ **ONLINE DONATION:** To make electronic donations, please visit **www.unitedwayslo.org/ways-give**

☐ **MONTHLY RECURRING GIFT:** $_____/month

☐ Visa ☐ MasterCard
☐ American Express ☐ Discover

Card Number: | | | | | | | | | | | | | | | | |

Expiration Date: _____ C V V Number: _____

Please provide your full billing address above for credit card transactions.

☐ **ONE TIME GIFT:** $_____

☐ Cash ☐ Check

For Monthly Recurring or One Time gifts, please complete this form and mail it to United Way at the address listed above.

Signature: _____ Date: _____

OTHER INSTRUCTIONS: _____

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way of SLO County respects your privacy; the information you provide to us is never shared.

☐ I do not want my name released to the specified designated agency.