

## TELL US ABOUT YOURSELF

First Name	Middle Initial	Last Name	
Home Address	City	State	Zip
Email	Cell Phone	Gender	Date of Birth / /

I want to support United Way's mission: Bringing our community together to break economic barriers and build opportunity for all.

Invest my gift where it is needed most to ensure a Central Texas where everyone has the opportunity to thrive.

Optional\* I would like my gift to focus on:

- Access to education
- Access to resources

### Join a donor network!

Donor networks connect you with local community leaders who share your passion for doing good through exclusive social and networking events, behind-the-scenes tours, and meaningful volunteer and advocacy opportunities.



Visit [unitedwayaustin.org/donor-networks](https://unitedwayaustin.org/donor-networks) or scan the QR code to learn more and join.

## MAKE YOUR INVESTMENT

### Easy payroll pledge

I want to contribute the following amount **each pay period**

\$250  \$100  \$50  \$25

Other \$ \_\_\_\_\_

I receive \_\_\_\_\_ paychecks per year.

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
amount      number of      total gift  
paychecks

OR

### Cash or check one-time gift

I want to contribute the following amount

\$2,500  \$1,200  \$1,000  \$250

Other \$ \_\_\_\_\_

Select one:

- Cash
- Check no. \_\_\_\_\_

**payable to United Way is attached**

OR

### Credit card gift

I made my gift at [unitedwayaustin.org/employeeegifts](https://unitedwayaustin.org/employeeegifts)

Recurring gift of \$ \_\_\_\_\_ per month

One-time gift of \$ \_\_\_\_\_

## ADDITIONAL GIVING OPTIONS

To donate stock, visit [unitedwayaustin.org/stockgift](https://unitedwayaustin.org/stockgift).

**Optional\*** I would like a portion/all of my gift to be designated to the tax exempt/nonprofit organization listed to the right. (The minimum designation amount is \$250 to a non-partner agency. There is a maximum of one designation to a non-partner agency per donor. Correct and complete designation information is required at the time of pledge in order to honor a designation.)

Do not release my name to the agency to the right.

\$ \_\_\_\_\_  
Designated amount      Name of 501(c)(3) nonprofit

\_\_\_\_\_  
Agency EIN

\_\_\_\_\_  
Address      City      State      Zip

Signature \_\_\_\_\_

Date \_\_\_\_\_