

# UNITED WAY OF THURSTON COUNTY

1211 Fourth Avenue E, Ste. 101  
p: 360.943.2773 | f: 360.943.2777

www.unitedway-thurston.org



LIVE UNITED



United Way of Thurston County

# THANK YOU

for investing in your community.

## MY INFORMATION Please print.

Mr.  Mrs.  Ms.  Dr. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Preferred

Company/Location/Branch: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Preferred

**LET US KNOW**  Retiring? \_\_\_\_\_  I am a loyal contributor because I've given to United Way for over 10 years.

Expected Retire Date

I prefer that my gift remain anonymous and not be included in United Way publications.  Please combine my gift with my spouse's and list our names as follows: \_\_\_\_\_

### PAYROLL DEDUCTION

Choose an option below.

#### LET US KNOW

- \$50 x \_\_\_\_\_ pay period(s)
- \$25 x \_\_\_\_\_ pay period(s)
- \$10 x \_\_\_\_\_ pay period(s)
- \$5 x \_\_\_\_\_ pay period(s)
- \$\_\_ x \_\_\_\_\_ pay period(s)

### DIRECT GIFT

To be paid by:

- Cash or check (payable to United Way of Thurston County) is attached.
- Please charge my credit card \$ \_\_\_\_\_ by \_\_\_\_\_  
 Visa  MasterCard  Discover  American  
Expiration Date: \_\_\_\_\_

**Charge to credit card #** \_\_\_\_\_

- Bill me at home  
 One Time  Monthly  Quarterly

**Total Gift Amount \$** \_\_\_\_\_

**Total Gift Amount \$** \_\_\_\_\_



*Your investment makes a difference.*

United Way of Thurston County's **Community Care Fund** is the most effective way to help your entire community.

## I WANT TO INVEST IN...

**Community Care Fund** The **best** way to help the **most** people with their urgent needs. Your investment will fund programs to ensure the hungry are fed, children are mentored, basic emergency needs are met, abused children have a voice, disabilities are overcome, and the elderly remain independent. Donors who contribute \$1,000 or more annually will be included in the Leadership Giving Circle.

**Early Learning/ Right from the Start**  
Help children by investing in a program that provides parents with the skills and resources needed to help the children of Rochester start school and prepare for a bright future.

**Women's Leadership Council**  
Member-based leadership giving circle funds projects that focus on the financial stability of women and children.  
Sustaining Member: \$1,000/yr  
Participating Member: \$250/yr  
 Add me as a member with my gift  
 Do not add me as a member

**Agency Designation**  
Donor choice designations to each organization must be \$100 or more annually. Gifts of less than \$100, or designated to non-qualifying organizations will be directed to the Community Care Fund. United Way will retain a fee to ensure your donation is passed to the organization of your choice.

**Nonprofit Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please send me information about:

- Early Learning  Volunteer Connection  Women's Leadership Council
- Planned Giving  Events

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Designation Gift Amount \$** \_\_\_\_\_