

GIVE TO UNITED WAY TODAY FOR A BETTER TOMORROW



MY INFORMATION

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____



MY DONATION

CASH / CHECK

GIFT TYPE: CASH

CHECK # _____

AMOUNT: \$ _____

My cash or check donation for the amount indicated above is enclosed with this form.

OR

BILLING

\$100 Minimum

Address required in 'My Information' above

I would like to give later. Please bill me on or after February 1 for the total amount below at the specified frequency:

FREQUENCY: ONE TIME

QUARTERLY

TOTAL AMOUNT: \$ _____

\$100 Minimum

OR

CREDIT CARD

I would like to make a one-time donation, or set up a recurring donation, with a credit card. I will do so via the following secured method:

AMOUNT: \$ _____

Recurring? Yes No

ONLINE

Visit www.uwmower.org/donate

PHONE

Call 507-437-2313



OPTIONAL PREFERENCES

- I WOULD LIKE THIS GIFT TO REMAIN ANONYMOUS. PLEASE DO NOT LIST MY NAME IN GIVING MATERIALS.
- PLEASE RECOGNIZE THE FOLLOWING INDIVIDUAL ALONG WITH THIS GIFT: _____
- I'M INTERESTED IN LEARNING MORE ABOUT: _____ THE IMPACT OF MY DONATION (UWMC FUNDED PROGRAMS) _____ VOLUNTEER OPPORTUNITIES
- OTHER PREFERENCES: _____



THANK YOU FOR SUPPORTING LOCAL NONPROFITS, PROGRAMS, AND PEOPLE