

LIVE UNITED—Reach out a hand to one and influence the condition of all



PO Box 862 Helena, MT 59624
(406) 442-4360
www.uwlcc.com

Donor Information

Print Name _____ Spouse _____

Mailing Address _____

City: _____ State: _____ Zip: _____

E-mail _____

Home Phone: (____) _____ Work Phone: (____) _____

Employer/Business _____

Total Gift \$ _____

Treasure Society Donor

(gifts of \$500 or more—
may include spouse's
donation)

Please list name(s) as
follows:

or

I prefer that my gift
remains anonymous.

Loyal Contributor:

I have been contributing to
United Way for ____ years.

Payment Information

Cash/Check \$ _____ (Check # _____)

Bill Me a total of \$ _____ in the following installments:

Monthly Quarterly Semi-Annually Annually

Bill my Credit Card a total of \$ _____ in the following installments:

Monthly Quarterly Semi-Annually Annually

Visa MasterCard American Express Discover

Account # _____

Expiration Date: ____ / ____ CVC (3 digit # on back of card): _____

Payroll Deduction

\$ (Per Pay Period) _____ X (Pay Periods/Year) _____ = \$ (Total Gift) _____

Signature _____ Date _____

Designation Information (Please choose how to invest in our community)

United Way Community Fund—the most powerful way as it helps the entire community

Specific area of service (see brochure)

Service area: _____ \$ _____

Service area: _____ \$ _____

Specific agency or agencies (see brochure or list other community non-profit)

Name: _____ \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ \$ _____

Address: _____ City: _____ State: _____ Zip: _____

White copy—United Way Yellow copy—Employer Pink copy—Donor