

United Way of

1.	PLEASE COMPLETE THE FOLLOWING: United Way of Central Massachusetts (UWCM) respects your privacy and does not sell, trade, or disclose your person				Central Massachusetts www.unitedwaycm.org
					personal information.
	FIRST NAME M.I.		LAST NAME		SUFFIX
	HOME EMAIL ADDRESS (PLEASE PROVIDE YOUR EMAIL ADDRESS SO WE MAY ACKNOWLEDGE YOUR GIFT.)				GIFT.) TELEPHONE
	HOME ADDRESS	APARTMENT#	CITY	STATE	ZIP CODE
2.	HOW WOULD YOU LIKE TO BE RECOGNIZED FOR YOUR GIFT? Name as you would like it to appear in recognition materials (Examples: Mr. & Mrs. John Doe; Jane Doe, etc.)				
		appear in recognition materials (Exa	imples. Wil. & Wils. boliii		ck if you wish to remain anonymous.
3.	CHOOSE YOUR PAYN	IENT METHOD			I WANT TO LEARN
	EASY PAYROLL DEDUCTION – THE SIMPLEST WAY TO GIVE I want to contribute the following amount per pay period:				MORE ABOUT
	\$5\$10\$25\$50\$100Other \$			\$	Education Figure 2 Stability
	NUMBER OF PAY PE	RIODS Weekly (52)	Biweekly (26)		Financial Stability Health
	Semi-monthly	(24) Monthly (12)	One-Time Payroll De	duction	Safety Net
	PERSONAL CHECK	attached)			Women's Initiative
		THE ABOVE STATED ADDRESS		国第5条回 系统数据数	Volunteering
	(\$25 minimum, home address				Planned Giving
		r privacy and security, please use our secure g to donate by credit card, or use our QR code)		国際公共	_
		Tot	al Gift:	\$	
4.	I would like to distribu	ute my gift in the following	area(s)		
	UWCM's Commur		. ,	\$	
		/e: Strengthening Girls. Empower		\$	
		rovides neighborhood-based rec tural activities to Worcester yout		\$	
	donation required. United Way a	JENCY* (Complete single agency area below applies an 18% charge to cover costs of raising an signations intended for any entity having 501(c)(d distributing designated	\$	
	***************************************		ADDRESS		CELEBRATING
E	*AGENCY NAME	ATE	ADDRESS		
ບ .	PLEASE SIGN AND D.	AIE			
	SIGNATURE		MM/DD/YYYY		YEARS

UNITED WAY OF CENTRAL MASSACHUSETTS