

1 My Contact Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. First Name (required) _____ MI _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Last Name (required) _____ Email (required) _____ By providing your email, you are allowing the Lycoming County United Way to send you emails showing how your contribution is making a difference! Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does Not Identify Home Address _____ City _____ Cell Phone (required) _____ Employer _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Spouse's First Name (for Join Designation) _____ MI _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Spouse's Last Name (for Join Designation) _____ Email (required) _____ By providing your email, you are allowing the Lycoming County United Way to send you emails showing how your contribution is making a difference! Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does Not Identify Apt. # _____ State _____ Zip Code _____ County _____ Birth Date (mm / dd / yyyy) _____
RECOGNITION: <input type="checkbox"/> I have been contributing to United Way since (yyyy): _____ <input type="checkbox"/> I/we wish to remain anonymous. VOLUNTEER: <input type="checkbox"/> Contact me for United Way volunteer opportunities.	

2 How I Want To Give (You can choose how to pay your donation. Make checks payable to Lycoming County United Way)

EASY PAYROLL DEDUCTION \$ _____ X _____ = \$ _____
Amount Per Pay Period (\$100, \$50, \$20, etc.) Number of Pay Periods in Full Year Total Annual Contribution

BILL ME AT HOME (\$50 Min.) \$ _____
 SCAN THE QR CODE TO PAY WITH CREDIT CARD
 MONTHLY
 CHECK/CASH \$ _____
 QUARTERLY
 STOCKS (Call: 570.323.9448) \$ _____
 ANNUALLY
TOTAL GIFT: \$ _____

MY SIGNATURE: _____ **DATE:** _____
Signature and date are BOTH required for ALL methods of payment.

3 Where I Want To Invest Community volunteers make grant decisions to community programs based on the most critical community needs.

OPTION A: COMMUNITY IMPACT FUND & INNOVATION \$ _____
The most powerful way to invest your gift. Volunteers distribute to programs meeting the most critical needs. Gifts without designation will be directed to this fund.

OPTION B: DONOR DESIGNATED \$ _____
PLEASE DESIGNATE MY FUNDS TO: _____

PLANNING FOR THE FUTURE
 I plan to retire next year on: _____
 I am already retired.
 I/we have included United Way in my/our estate plans.
 How do I include United Way in my will to leave a lasting legacy?

4 Donor Benefits

As a Leadership Level donor, you are automatically enrolled in Leadership benefits, including special events and invitations (please be sure to include your email so we can notify you).

You may also select to participate in:

- Peter Herdic Society:** Donors who contribute \$1,000 or more to United Way's annual campaign are eligible for membership.
- Tocqueville Society:** Membership in the Society is granted to individuals who contribute at least \$10,000 annually to United Way.