



United Way of Massachusetts Bay

Please ensure that your gift is processed correctly by printing BOLDLY and legibly on this donor form and by using a BLUE OR BLACK INK PEN. If you received this form pre-printed with someone else's information, please contact your employee campaign manager.

1. PLEASE PROVIDE YOUR INFORMATION IN THE SPACE BELOW. UNITED WAY DOES NOT SELL, TRADE OR DISCLOSE ITS DONORS' PERSONAL INFORMATION.

Form fields for donor information: PREFIX, FIRST NAME, M.I., LAST NAME, SUFFIX, STREET ADDRESS, HOME ADDRESS, BUSINESS ADDRESS, APARTMENT NUMBER, CITY, STATE, ZIP CODE, EMPLOYER, TELEPHONE NUMBER, HOME, WORK, PROVIDING YOUR EMAIL ADDRESS HELPS US CUT POSTAGE COSTS, HOME EMAIL, WORK EMAIL.

2. CHOOSE HOW TO GET INVOLVED

Give to United Way

An investment in the Community Impact Fund increases our ability to direct resources and support to the areas of greatest need. Consider joining Caring Club and receive discounts at area retailers. See back for details.

Optional: I wish to focus my investment in the following impact area(s). Choose by filling in the corresponding circles below.

- Affordable Housing - Increasing family economic independence and access to safe, affordable housing
Sustainable Employment - Helping adults develop the skills to find good jobs that provide for their families
Increasing Youth Opportunities - Improving academic opportunities and career options for youth
Today's Girls ... Tomorrow's Leaders - Focusing on the unique needs of girls and young women
Healthy Child Development - Preparing children for kindergarten and a lifetime of achievement
Basic Needs - Providing food, clothing, shelter and safety for all people
Youth Violence Prevention - Creating nurturing environments to help students learn and stay safe.

3. CHOOSE THE AMOUNT AND WAY YOU WANT TO INVEST

My Total Annual Gift = \$

I have selected the following method:

PAYROLL DEDUCTION

- CREDIT CARD (mark one) VISA MASTERCARD DISCOVER AMEX
CARD # EXPIRATION DATE (MM/YY)

Please specify: ONE-TIME CREDIT CARD PAYMENT -OR- # OF MONTHS BEGINNING MONTH

- PERSONAL CHECK (attached)
PLEASE BILL ME (\$25 minimum and home address required above)
SECURITIES (for more information, please contact United Way's Treasury Department at 617-624-8000)
DONOR ADVISED FUND (I plan to recommend a gift from my Donor Advised Fund)

Leadership Giving Societies:

ALEXIS DE TOCQUEVILLE

- Membres de la Société (\$10,000 - \$24,999)
Ordre de Liberté (\$25,000 - \$49,999)
Ordre d'Egalité (\$50,000+)

BEACON

- Leader (\$1,000 - \$2,499)
Principal (\$2,500 - \$4,999)
Torchbearer (\$5,000 - \$9,999)

thank you

4. PLEASE SIGN AND DATE



SIGNATURE

DATE (MONTH-DAY-YEAR)

- Please send me an electronic acknowledgment of my gift to my email above.
Please send United Way's quarterly e-newsletter to my email above so I can stay informed about the impact of my gift.
I am a long-time supporter of United Way and have given regularly since (YEAR).
I have either included United Way in my estate plan or would like to learn more about your estate planning options.

FOR UNITED WAY USE ONLY

Single Agency - We hope you will direct your investment to the Community Impact Fund, but you may also select a specific agency. See your campaign manager for the agency list.

United Way will honor donor designations intended for a United Way affiliate agency, any United Way and/or a health or human services entity having 501 (c) (3) tax-exempt status.

M344253 (AGENCY CODE NUMBER)

HOUSE OF DAWN INC HEALTH OR HUMAN SERVICE ENTITY (FULL NAME)

JONESBORO CITY

GA STATE

Please check here if you do not want us to release your name to the agency so they can thank you personally.

23050-2-EW