



THANK YOU!

ARE YOU A LEADERSHIP GIVER?

- My individual gift qualifies me as a Leadership Giver.
- My gift combined with the gift of my spouse qualifies us as Leadership Givers.

LEVELS OF LEADERSHIP GIVING:

- Gem Society - \$600 to \$999
- Red Feather Society - \$1,000 to \$1,999
- Silver Feather Society - \$2,000 to \$3,499
- Gold Feather Society - \$3,500 to \$4,999
- Builders Society - \$5,000 to \$9,999
- Cornerstone Society - \$10,000 or more

Spouse's Name (if combining gift)

Spouse's Place of Employment

Print name(s) as you wish to be recognized in publications.

- I wish to remain anonymous.



United Way of East Central Alabama



United Way of East Central Alabama
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PLEASE TELL US ABOUT YOURSELF

Mr. Mrs. Ms. Dr. Date of Birth ____ / ____ / ____

Name _____

Company (if applicable) _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

- I would like email updates about how my investment is helping.
United Way does not share or sell your personal information with other entities or organizations.

PLEASE SIGN HERE:

Signature _____ Date ____ / ____ / ____

No goods, services, or benefits are given in exchange for your tax-deductible contribution.

PLEASE FOCUS MY DONATION TO SUPPORT

- COMMUNITY FUND:** Focus my donation where it's needed the most.
- HEALTH:** Improving the health & well-being of our residents.
- EDUCATION:** Preparing children for success in school & life.
- FINANCIAL STABILITY:** Building strong, independent families.
- BASIC NEEDS:** Helping our most vulnerable.

United Way of East Central Alabama honors donor designations to our Community Partners, Initiatives, or other United Ways.

DECIDE HOW MUCH TO CONTRIBUTE & HOW TO GIVE

EASY PAYROLL DEDUCTION

- I want to contribute this amount each pay period:
 \$50 \$25 \$10 \$5 \$_____ per pay period

Total Your Giving: \$ _____ x _____ = \$ _____
DEDUCTION EACH PAY PERIOD # OF PAY PERIODS TOTAL YEARLY DONATION

- I want to contribute my fair share of one hours pay per month:

Total Fair Share Giving: \$ _____ x _____ = \$ _____
HOURLY AMOUNT # OF MONTHS TOTAL YEARLY DONATION

CASH, CHECK, OR CREDIT CARD

- I want to pay by cash or check (please make checks payable to UWECA):
 Amount of Donation Attached: \$ _____ Cash Check
Credit Card donations may be made by visiting www.uweca.org

DIRECT BILL

- I wish to receive a pledge reminder at home:
 Total Donation: \$ _____
 Bill me once in _____ MONTH Quarterly (4 payments) Monthly (12 payments)



PLEASE REMIT A COPY TO UNITED WAY OF EAST CENTRAL ALABAMA FOR PROCESSING