

ARE YOU A LEADERSHIP GIVER?

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

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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.

GOLD

I wish to remain anonymous.

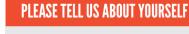


of East Central Alabama

United Way

United Way of East Central Alabama P.O. Box 1122 Anniston, AL 36202 Phone: 256.236.8229 Fax: 256.236.2356 www.uweca.org





Mr.	Mrs.	Ms.	Dr.	Date of Birth	/	/	/	
Name _								
Compa	ny (if applica	able)						
Home A	Address							
City			Sta	ite	_ Zip _			
Email A	ddress							
Phone_								
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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.
- \square 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 repray EACH PAY PERIOD x FOF PAY PERIOD x TOTAL YEARLY DONA- TION
☐ I want to contribute my fair share of one hours pay per month:
Total Fair Share Giving: HOURLY AMOUNT X HOF MONTHS = TOTAL YEARLY DONA- TION
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 Quarterly (4 payments) Monthly (12 payments)



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