

# 1. MY INFORMATION



Livingston County  
United Way

2980 Dorr Rd., Brighton, MI 48116  
P: 810-494-3000 | F: 810-494-3004  
Facebook @lcunitedway  
www.lcunitedway.org

PLEASE

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Employer \_\_\_\_\_ r Retired

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please do not publish my name in printed materials.

## FUNDING GOALS

Check a circle below if you would like to direct your gift to a specific goal



**Health & Wellness:** Energizing all residents, young and old, to be healthy, secure and active in their community.



**Successful Youth:** Assuring that all children have access to what they need for a bright future.



**Thriving Families:** Empowering families with the resources that allow them to support themselves.



**United Way Initiatives & Programs:** Working with community partners on specific human service goals.

# 2. ANNUAL DONATION

**Total Annual Donation: \$** \_\_\_\_\_

I would like to invest in Livingston County United Way together with 10,000+ donors from Livingston County. I understand community donors and volunteers, just like me, will determine how to invest these dollars in local programs that make an effective impact on one of our goals (listed to the right).

# 3. GIVING METHOD

<input type="checkbox"/> <b>PAYROLL DEDUCTION</b> <b>OR</b> <b>Check one:</b> <input type="checkbox"/> Divide my gift equally among all pay periods <input type="checkbox"/> Deduct my total annual gift from ONE paycheck	<input type="checkbox"/> <b>ONE TIME CONTRIBUTION</b> <b>OR</b> <b>Check one:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check Check # _____	<input type="checkbox"/> <b>BILL ME OR CHARGE MY CREDIT/DEBIT CARD</b> <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Card # _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Visa Exp. Date _____ CVV _____
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**Please do not complete beyond this point unless you want your gift designated.** Livingston County United Way honors contributions to other United Ways and non-profit health and human service organizations. I would like \$ \_\_\_\_\_ of my annual donation (noted above) delivered to the following 501 (c)3. I understand I must make a **minimum** gift of \$50 to an outside charity to use this option. **Address Required.**

Charity Name \_\_\_\_\_ Charity Address \_\_\_\_\_

Thank you for your contribution to the LCUW campaign. Designations are the first dollars used to fill investment commitments. No goods or services were provided in exchange for this contribution. Information you share is used only to properly credit your contribution. We never sell, rent, or exchange your personal information. Please keep a copy of this form for your tax records. You may also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

# THANK YOU!

White-United Way  
Canary-Payroll  
Pink-Contributor