

COUNTY UNITED WAY, INC. DONATION FORM

101 S. Centre Street | Cumberland, MD 21502

301-722-2700 | www.cuw.org



Allegany
101 S. Centre Street
Cumberland, MD 21502
301-722-2700

Garrett
PO Box 394
Oakland, MD 21550
877-597-2700

Hampshire
PO Box 14
Romney, WV 26757
877-597-2700

Mineral
PO Box 987
Keyser, WV 26726
877-597-2700

MY INFORMATION

MR/MRS/MS/DR

FIRST NAME

MI

LAST NAME

HOME ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL – THIS IS HELPFUL TO US AND WE WILL NOT SEND FREQUENT EMAILS

MY GIVING OPTIONS

Select an amount, then choose from one of our easy giving methods below.

- \$250 \$50 Other amount: _____ \$1,000 – Leadership Legacy
 \$100 \$25 \$1,000 – Leadership Legacy
 Join the Legacy – a contribution of \$1,000 or more.

A DIRECT GIFT

Direct gift to be paid by:

- Cash (enclosed)
 Check (enclosed)
 Credit Card



Card #

Expiration Date

Signature (required for credit card)

OR visit www.cuw.org to make a secure and easy donation through PayPal

B BILL ME

Please bill me for a pledge of \$ _____
(\$50 minimum donation required for billing.)

- One time only
 Quarterly
 Monthly

START DATE: ____/____/____

C PAYROLL DEDUCTION

Amount per pay \$ _____

Paychecks per year: _____

- I wish to continue this payroll deduction until written notice of my intention to change this agreement has been provided.

Total pledge amount: \$ _____

Some employers match a portion or 100% of charitable donations; talk to your employer to find out!

D ELECTRONIC FUNDS TRANSFER

Please deduct \$ _____ from my checking account

- Per month
 One time only

Please provide a copy of a voided check!

Total pledge amount: \$ _____

This authority is to remain in effect until written notice of my intention to terminate this agreement has been provided. Please provide 30 days notice.

E IMAGINATION LIBRARY – Give the gift of reading.

- In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$30/year.

Imagination Library contribution.....\$ _____

Annual contribution (from A, B, C, or D) + \$ _____

TOTAL PLEDGE..... \$ _____

PLEASE LET US KNOW!

- I wish to remain anonymous.
 I would like information on the United Way Endowment.
 I would like to include my local United Way in my will, trust, or estate plans.
 I would like more information about volunteering with United Way.
 I would like more information about the Young Leaders of County United Way, Inc..

Thank you!