

Investor Info: **\$/per pay** **Annual Contribution:**

**Step 1.** Please complete this section. If you are using a label, it must include name, street address and city/state/zip.

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Step 2.** Payroll Deduction:

My current pledge plus \$2 more/pay period.

**By percentage:**  
 Caring: 2.0% of annual salary  
 Reaching: 1.5% of annual salary  
 Helping: 1.0% of annual salary  
 Supporting Share ("fair share"): .6% of annual salary (1 hr. pay/mo.)

**By dollar amount:**  
 \$10 /pay period  
 \$5 /pay period  
 \$3 /pay period  
 \$ \_\_\_\_\_ /pay period

Proceed to Step 3 unless you wish to use a different payment method. (See box on right)

**Step 3.** I would like my dollars to help in this county:

Daviess County  Hancock County  McLean County  
 Ohio County  Union County  Webster County

Proceed to Step 4 unless you want to designate your dollars. (See box on right.)

**Step 4.** Please remember to sign and date below.

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

Help us make sure we have your most current email address for e-newsletter.  
 Email Address: \_\_\_\_\_

Investor Info: **\$/per pay** **Annual Contribution:**

**Leadership Giving (\$1,000+)**  
 Become a Leadership Giver by investing \$1,000 or more in your community. If married, combine your spouse's investment with yours and let us know by filling out the boxes below.

I wish to remain anonymous

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Check  Cash

Amount Enclosed: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_  
 Bill Me:  Quarterly  Semi-Annually  Annually

**Specific Care**

I want my investment to help the most people. Please let LOCAL Volunteers decide where to best invest my contribution.  
 I want my investment to support one of United Way's Specific Community Care Agencies. See brochure for listings. (**\$50 MINIMUM**)

To designate to a county not listed in Step 3, please complete a separate Out-Of-Area Designation form. (\$50 Minimum) code: \_\_\_\_\_

**Please check any of the boxes of interest to you.**

I would like to be a United Way volunteer.  
 Campaign \_\_\_\_\_ Community Investment \_\_\_\_\_

I would like information on how I can give gifts of stock.  
 I would like to receive a letter acknowledging my gift.

**REMINDER: Step 1 must be completed if you checked any of these 3 boxes.**

**Thank You!**

**LIVE UNITED**  
 United Way

**United Way of the Ohio Valley**  
 403 Park Plaza Drive • Owensboro, KY 42301  
 (270) 684-0668 • (888) 684-7090 **WWW.UWOV.ORG**