



United Way
of the Ohio Valley

INDIVIDUAL GIFT

Authorized Signature

Date

(Nothing in return has been given for this contribution. It is fully deductible.)

TOTAL GIFT	PAID NOW	BALANCE DUE
\$ _____	\$ _____	\$ _____

Please bill balance due:

- Monthly
- Quarterly
- Other (specify) _____
- Starting Date _____

**O
R**

Please choose an alternate payment option:

- Credit Card (specify): VISA MasterCard
card# _____ exp. date _____
- Please Debit my account in equal monthly payments:
(attach voided check) starting date: _____

*Local People
Helping Local People
...The United Way*

Thank You!

Reminder: If a single payment is \$250 or more, you will need a receipt for tax purposes.