KEEP DONATIONS LOCAL



Mv Contact Inform	nation Please print legibly ———	
		I will be retiring this year
Address:	City/State:	I would like to include
Company:	Dept:	United Way in my will
Email:		
Please provide your email so	we can share how your contribution is making	g a difference!
2 My United Way Inv	vestment Mark one box ———	
☐ Easy Payroll Deduction	(each paycheck): \$100 \$50	0
Cash \$	Check # \$ Payable to RCUW	Credit Card (We will call your phone above)
Bill Me Later (Home addre	ss required above)	
PILLAR SOCIETY INFO Donors giving \$500+ a		Spousal gifts may be combined to qualify.
Spouse's Name: Employer:		
_		
3 My Impact Area №	1ark one box	
Local United Way Fund		
RCUW Initiatives:	Tax Filing Assistance OChildren	& Adult Dental Programs
☐ Tax Credit (QCO Tax Co	ode #20726): O Single (up to \$40	00)
Other Non-Partner 501((Designations not meeting 50)	(c)(3) Organization: (c)(3) requirements will be applied to the local	I UW fund. Additional processing fees apply)
My Signature	D	ate
 Optional		
☐ I'm interested in volunt	eering on the Board of Directors	
☐ I'm interested in volunt	eering with "Volunteers United" (fun	draising committee)
☐ I'm interested in volunt	eering with other opportunities (pro	viding tax assistance, office, events, other)
☐ My high school student	may be interested in volunteering w	vith "Students United"

To comply with new IRS regulations, if you choose to contribute by payroll deduction, you must retain a copy of this pledge form in addition to your pay stub or W-2 form to document your gift to RCUW. No goods or services were provided in exchange for this contribution. United Way respects your privacy and does not rent, trade or sell lists of donors.