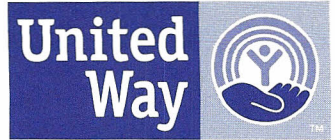


REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™



United Way of Pasco County
P.O. Box 609, Port Richey, FL 34673
727-845-3030 • Fax 727-845-3032

MR / MRS / MS / DR FIRST NAME MI LAST NAME HOME PHONE
 HOME ADDRESS CITY STATE ZIP
 DAYTIME PHONE COMPANY NAME OCCUPATION
 EMAIL ADDRESS

Give. I would like to be a part of focusing on the building blocks for a better life by contributing.

PAYROLL DEDUCTION

I'll contribute the following gift each pay period until changed or revoked by me:

\$3 \$5 \$7 \$10 \$15 \$21 \$42

Other: _____

I am paid: every 2 weeks (26) 2x a month (24) weekly monthly

My annual gift is: \$ _____

CASH / CHECK

I'm enclosing my gift of: \$ _____

Cash (Attach cash)

Check (Attach check)

Please make checks payable to United Way.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

Option A **COMMUNITY CARE** I want my gift to go where it is needed most. Please allow the volunteer Citizen Review Panel to determine the community's greatest needs and allow me to impact those needs. AMOUNT \$ _____

Option B **EDUCATION** Helping children and youth achieve their potential. AMOUNT \$ _____

INCOME Helping families become financially stable and independent. AMOUNT \$ _____

HEALTH Helping people maintain and improve their health. AMOUNT \$ _____

SAFETY NET Helping individuals maintain independent living and disaster relief. AMOUNT \$ _____

Option C **SPECIFIC AGENCY**
AMOUNT \$ _____
AGENCY NAME AND ADDRESS _____

LEADERSHIP GIVING

MY GIFT OF \$1,000 OR MORE qualifies me for membership in the Leadership Giving society. My name will be listed as appears to the right.

AMOUNT \$ _____

RECOGNITION

Please list my/our name(s) as follows:

I wish for my gift to remain anonymous.

LOYAL CONTRIBUTOR

I have been contributing to the United Way since _____

I want to know how to include United Way in my will and leave a lasting legacy to my community.

Advocate. Yes, I can make a change by using my voice. United Way needs people who are passionate about education, income and health to make some noise!

Please sign me up for the United Way Action Alerts and Newsletter so I can stay informed about advocacy opportunities in your community.

Volunteer. I would like to donate my time by volunteering for United Way.

Please contact me with more information about how I can get involved with my community.

SIGNATURE: _____

*Please check the accuracy of all your entries.
Thanks for investing in United Way.*

Thank you for your contribution through the United Way campaign. Please keep a copy of this form for your tax records. You will 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. "A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free within the state, (1-800-435-7352). Registration does not imply endorsement, approval, or recommendations by the state." United Way of Pasco County, Inc. neither hires nor contracts with professional solicitors. Each contribution received by United Way of Pasco County is applied 100 percent to approved programs, services and operations. Registration #CH728.