

TO ENSURE THE ACCURACY OF OUR RECORDS, PLEASE COMPLETE THE FOLLOWING AND RETURN THIS SIGNED CONFIRMATION TO THE UNITED WAY OF MONROE COUNTY. PLEASE PRINT LEGIBLY THE FOLLOWING INFORMATION.

NAME OF CONTRIBUTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

I AM EMPLOYED BY: \_\_\_\_\_

I AM A RETIREE OF: \_\_\_\_\_

MY TOTAL GIFT THIS YEAR TO THE UNITED WAY OF MONROE COUNTY IS \$ \_\_\_\_\_ DATE: \_\_\_\_\_

NO GOODS OR SERVICE WERE GIVEN IN EXCHANGE FOR THIS CONTRIBUTION.

PLEASE SELECT A PAYMENT METHOD:

I HAVE ENCLOSED:     CASH         CHECK         MONEY ORDER

BILL ME:             MONTHLY     QUARTERLY     SEMI-ANNUALLY

CHARGE MY CREDIT CARD:     VISA         MASTERCARD     DISCOVER

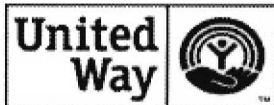
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EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
MM YY

White (UW office)

Yellow (donor's receipt)

**THANK YOU FOR YOUR GENEROUS GIFT**



**United Way  
of Monroe County**

[www.monroeuw.org](http://www.monroeuw.org)

MICS3008

DONOR CHOICE (OPTIONAL)

I WOULD LIKE TO DESIGNATE MY GIFT  
TO THE FOLLOWING  
COMMUNITY NEED PROGRAM PANEL.

- HELPING YOUTH SUCCEED  
 ENRICHING SENIOR LIVES  
 PROMOTING HEALTH & INDEPENDENCE  
 SUPPORTING PEOPLE IN CRISIS  
 STRENGTHENING FAMILIES

DESIGNATIONS ARE ONLY ALLOWED  
FOR A **\$50.00** OR GREATER GIFT.