

4 EASY WAYS TO MAKE YOUR DONATION

United Way
of Central Minnesota



DONOR INFORMATION

Name _____

Address _____

Personal Email _____

Phone _____ Birth Year _____

AUTOMATIC BANK GIFT	Total: \$ _____
Monthly Gift Amount:	_____
<input type="checkbox"/> \$25 <input type="checkbox"/> \$5	START DATE _____
<input type="checkbox"/> \$20 <input type="checkbox"/> \$ _____	(deductions will begin January 1st unless indicated)
<input type="checkbox"/> \$15	Transactions will be deducted on the
<input type="checkbox"/> \$10	1st day of the month.
Bank Gift deducted from:	
<input type="checkbox"/> checking (attach voided check)	<input type="checkbox"/> saving
_____	_____
ACCT # _____	ROUTING # _____

Our privacy pledge to you: Information you share with us is used only to properly credit your contribution. We **NEVER** sell, rent or exchange information about you with anyone without your permission. No goods or services have been received in exchange for your gift · Please retain a copy for your records.

CASH/CHECK

Total: \$ _____

- cash check (payable to United Way of Central Minnesota)
(your check may be processed as an electronic debit from your account)

BILLED GIFT (\$50 minimum)

Total: \$ _____

- annually quarterly
 monthly START DATE _____
(deductions will begin January 1st unless indicated)

CREDIT CARD

Total: \$ _____

To donate by Credit Card: Please list a daytime phone number where a United Way staff member can reach you to collect your credit card information.

_____ DAYTIME PHONE BEST TIME TO CALL _____

- This is a Joint Leadership Gift
Co-Donor _____
- I would like my contribution to be recognized as a part of _____'s campaign (current employer).

United Way of Central Minnesota
921 1st Street North, St. Cloud, MN 56303
320.252.0227

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Home Email _____

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IMPORTANT INFORMATION

Let's stay connected. We've enjoyed our relationship with you over the years and want to make sure we're still connected in your new journey. Please confirm the information we have on file is correct.

UPDATE YOUR CONTACT INFORMATION

We want to ensure you are aware of upcoming opportunities.

Name _____

Mailing Address _____

Home Email _____

Phone _____

Please return this card in the envelope provided.

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2019-2020 UNITED WAY DONATION

- I would like to make a donation to United Way this year. *(Please complete the other side to select your preferred giving option)*
- I would like to make a individual donation, but need more information. *(A United Way staff member will call you to determine the best giving option for you)*
- I am unable to make a donation to United Way this year.

VOLUNTEER OPPORTUNITIES

- I am interested in local volunteer opportunities.
- I enjoy outdoor projects: gardening, painting, etc.
- I enjoy working with children on projects: reading, tutoring, mentoring, etc.
- I enjoy office projects: data entry, mailings, etc.
- I enjoy _____ types of projects.



LIVE UNITED

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LIVE UNITED