

# GIVE. ADVOCATE. VOLUNTEER.

Thank you for supporting your community through your gift to United Way!



United Way  
of Pickens County

## Donor Information *Please print firmly. Your personal information is kept confidential and will not be sold or shared at any time.*

Mr./Mrs./Ms./Dr. \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
HOME EMAIL \_\_\_\_\_ WORK EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ PHONE # (**CIRCLE ONE:** HOME / CELL) \_\_\_\_\_ WORK # \_\_\_\_\_

I have been giving to United Way for \_\_\_\_\_ years.  I plan on retiring in the next few years.

## How Do You Want to Give?

**PAYROLL DEDUCTION:** \$ \_\_\_\_\_ per pay period for \_\_\_\_\_ periods = \$ \_\_\_\_\_  
 **BILL ME:** \$ \_\_\_\_\_ per [ Month  Quarter  One time] = \$ \_\_\_\_\_ (**\$40 minimum per bill**)  
 **CASH OR CHECK:** \$ \_\_\_\_\_ Ck# \_\_\_\_\_ attached (Payable to United Way of Pickens County)  
 **CREDIT CARD:** \$ \_\_\_\_\_ per [ Month  Quarter  One time] = \$ \_\_\_\_\_ (**\$40 minimum per bill**)  
 MasterCard  Visa  American Express Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature (*required only for credit cards*): \_\_\_\_\_ Date: \_\_\_\_\_  
 **STOCK OR APPRECIATED ASSETS:** A United Way representative will contact you.

## Would You Like to Learn More About:

**Planned /Estate Giving**  **Volunteer Opportunities** (*see also GET CONNECTED at <http://volunteer.uwpickens.org>*)  
 **United Way of Pickens County Impact areas:** \_\_\_ Education \_\_\_ Financial Stability \_\_\_ Community Basic Services

## Thank You and Recognition

I want to be thanked:  By email  By mail  I do not wish to be thanked  
 I wish to remain anonymous.

### Palmetto Society and Women United Membership (*you may select one or both as appropriate*)

My gift, or my gift combined with my spouse's gift, of \$1,000 or more qualifies me/us for recognition in the Palmetto Society.  
 My gift, or my gift combined with my spouse's gift, of \$1,000 or more qualifies me for recognition in Women United.

Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

List my/our name(s) as \_\_\_\_\_

## How Do You Want to Make an Impact? (Select one or more below.)

I want United Way of Pickens County to invest my contribution where it will impact my community most!  
 I want to focus my gift on: (Choose one or more.)  
 **EDUCATION** Helping children achieve their potential through education. \$ \_\_\_\_\_  
 **FINANCIAL STABILITY** Promoting financial stability and independence. \$ \_\_\_\_\_  
 **COMMUNITY BASIC SERVICES** Helping people meet their basic needs. \$ \_\_\_\_\_

### QUESTIONS MAY BE DIRECTED TO:

United Way of Pickens County • 201 S. 5<sup>TH</sup> St. • PO Box 96 • Easley, SC 29641  
(864) 850-7094 • [www.uwpickens.org](http://www.uwpickens.org) • E-mail: [jshurley@uwpickens.org](mailto:jshurley@uwpickens.org)  
*If you or someone you know needs community assistance, please dial 2-1-1.*

## THANK YOU!

Your gift makes a difference in your community!  
United Way of Pickens County acknowledges no goods or services were provided in exchange for your contribution.