



GIVE. ADVOCATE. VOLUNTEER.  
**LIVE UNITED™**

Lubbock Area United Way

KEEP IN TOUCH!



liveunitedlubbock.org

MR/MRS/MS \_\_\_\_\_  
CIRCLE ONE FIRST NAME MI LAST NAME

EMPLOYER NAME E-MAIL ADDRESS *(Receive monthly correspondence. See how your gift is making a difference in the community.)*

HOME ADDRESS CITY

STATE ZIP HOME PHONE MOBILE PHONE WORK PHONE

My total annual gift of \$1,000 or more qualifies me for membership in the Lubbock Area United Way Leadership Giving Circle. If your spouse is donating, a combined gift of \$1,000 or more qualifies you and your spouse for the Leadership Giving Circle.

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

I would like more information on making a lasting gift to our community through the Lubbock Area United Way Endowment.

I am a Loyal Contributor. I have been contributing to United Way for more than 10 years.

**CHOOSE HOW YOU WANT TO GIVE** Select one of the easy giving options below, fill in the total amount of pledge, and sign.

**PAYROLL DEDUCTION**

I want to contribute the following amount:

- \$50 each pay period
- \$25 each pay period
- \$10 each pay period
- \$5 each pay period
- 1 Hour of pay per month
- 1% of my annual salary
- 2% of my annual salary
- \_\_\_\_% of my annual salary
- \$\_\_\_\_\_ each pay period

EMPLOYEE ID \_\_\_\_\_

**DIRECT BILL** *(\$100 Minimum Total Gift)*

Amount \$ \_\_\_\_\_

Bill Me:

- Monthly
- Quarterly

**BANK DRAFT** *(\$10/Month Minimum)*

Amount \$ \_\_\_\_\_

- Continue an Existing Draft
- First Time Draft or Account Change of Existing Draft *(Please attach a voided check)*

Draft Account:

- Monthly
- Quarterly

**ONE-TIME GIFT** *(Fully Paid)*

Amount \$ \_\_\_\_\_

- Cash
- Check # \_\_\_\_\_

**OTHER**

- Credit/Debit Card  
If you would like to pay using your credit card, please contact Lubbock Area United Way at (806) 747-2711 or visit our secure website at [liveunitedlubbock.org/give.shtml](http://liveunitedlubbock.org/give.shtml)
- Stock/Securities

**Total Amount of Pledge**

\$

**SIGNATURE TO AUTHORIZE PLEDGE**  
(required)

  X    
SIGNATURE

DATE

**OPTIONAL - You may choose how you would like to invest in the community**

You may choose a maximum of two selections. Minimum designation is \$50 per selection. Undesignated gifts are allocated to the Community Fund.

**UNITED WAY COMMUNITY FUND**

Please invest my contribution where it is needed to make the greatest impact.

Amount \$ \_\_\_\_\_

**DESIGNATED CONTRIBUTION**

Check here if you do not want your contact information and gift amount sent to the community partner(s).

COMMUNITY PARTNER NAME \_\_\_\_\_

Amount \$ \_\_\_\_\_

COMMUNITY PARTNER NAME \_\_\_\_\_

Amount \$ \_\_\_\_\_

**ANOTHER UNITED WAY**

UNITED WAY NAME AND/OR LOCATION \_\_\_\_\_

Amount \$ \_\_\_\_\_

**Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_