TELL US ABOUT YOURSELF

Lubbock Area United Way



Mr/Mrs/Ms/Dr					
(Circle One) First Name		MI La	ast Name		
Employer Name		Email Address (Get updates on how your gift is being used and our monthly newsletter.)			
Home Address		City		State	Zip Code
Phone Number □ Home □ Mobile □ I have changed employers since the last time I gave. My forme		Spouse/Partner & Employer (Why do we ask? So we can thank you as a couple for your combined gift.) er employer is			
Why do we ask? So we can make sure we are keeping an accurate record of your gifts. I am a Loyal Contributor. I have been giving to United Way for 10 years or more.					
United Way will not sell your information or share with third parties. Visit liveunitedlubbock.org/privacy-policy for our Donor Privacy Policy.					
MAKE YOUR GIFT					
PAYROLL S	BANK DRAFT		OR	PLEASE BILL	ME
I want to give:	I want to give \$ monthly			Amount \$	
□ \$200 □ \$100	☐ Continue an existing draft			☐ Once ☐ Monthly	
□ \$50 □ \$25 □ \$10 □ \$5	☐ 1st time draft or account change of			☐ Quarterly	
□ Other \$	existing draft (Please attach a voided check)			= Quarterly	
Per pay period	CREDIT/DEBIT/PAYP	AL	Make your gift now	ONE TIME GI	FT
or □ 1% of my annual salary □ 1 hour of pay per month	Make your gift online liveunitedlubbock.or text lubbockgives to	r g/give or		Amount \$ Attached □ Check #	Cash \square Check
Giving is a voluntary, personal decision. Visit liveunitedlubbock.org/voluntary-giving for our Voluntary Giving Policy.					
SIGNATURE (Required to process pledge) I prefer to remain anonymous TOTAL GIFT:					L GIFT:
X	Date:			A	
OPTIONAL: I WOULD LIKE MY GIFT TO SUPPORT					
Gifts automatically go to the community fund. If you wish to designate a gift you may select up to two options below. Each designation must be a minimum of \$50. This helps cover processing fees for your donation, ensuring agencies get the maximum benefit of your gift.					
AREA OF GREATEST NEED					
Giving to the United Way Community Fund is a powerful way to invest in our community and help the most people. Amount \$					
A COMMUNITY PARTNER Give directly to a United Way Community Partner. (See a complete list on the back of the form) I prefer not to share my contact information and gift amount with the community partner(s).					
Community Partner Name			* *	Amou	unt \$
	Amount \$			unt \$	
ANOTHER UNITED WAY United Way Name and/or Location					unt \$
Special Instructions					

OUR COMMUNITY PARTNERS



















































OUR MISSION: GIVING • PEOPLE • HOPE



ECONOMIC MOBILITY

Create opportunities to move households towards financial stability.



CONFRONTING VIOLENCE

Support local prevention efforts and access to services for victims of child abuse and neglect, sex trafficking, and family violence.



EDUCATION

Increase access to educational programs and materials to promote literacy and educational attainment for people of all ages.



MENTAL HEALTH

Advocate for local access to quality mental health services and supports.

Learn more about the difference your gift 1 makes.













United





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Lubbock Area United Way