

# LIVE UNITED™

Yes, I will be a Community Investor! All information is confidential.



**United Way of  
Harrisonburg and  
Rockingham County**

Your United Way Contribution  
Creates Lasting Change!

COMPANY NAME (please print) \_\_\_\_\_ EMPLOYEE ID # (optional) \_\_\_\_\_

MR/MRS/MS FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

ADDRESS (required if requesting billing, see "Direct Gift" below) \_\_\_\_\_ HOME EMAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_ DATE \_\_\_\_\_  
United Way does not sell, rent, or otherwise lend your contact information. United Way collects your name and address so you can receive updates as to how your investment is being used in the community. Giving is a personal decision. United Way strongly discourages and works to eliminate coercion of any kind in the solicitation process.

## My Community Investment Options

### EASY PAYROLL DEDUCTION

I pledge: \$ \_\_\_\_\_

- Amount per pay period
- One time only amount

#### Number of times a year

#### I am paid:

- Weekly (52 times/year)
- Twice a Month (24 times/year)
- Every 2 weeks (26 times/year)
- Other \_\_\_\_\_ times/year

My Total Yearly Pledge: \$ \_\_\_\_\_  
Pledge x Number of Times Paid per Year = Total Yearly Pledge

-OR-

### DIRECT GIFT

Mailing address required (see above) if requesting billing.

My Total Direct Gift \$ \_\_\_\_\_

- Cash  Check
- Securities (please call 540-434-6639 when you are ready to transfer funds.)
- Billing (requires \$50 minimum):
  - Bill me one time in the **Month** of \_\_\_\_\_
  - Bill me quarterly (January, April, July, October)
- Credit Card (requires \$50 minimum):
  - American Express  Master Card  Visa
  - Bill me one time in the **Month** of \_\_\_\_\_
  - Bill me quarterly (January, April, July, October)

Name as it appears on the card \_\_\_\_\_ CVN# \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Thank you for investing in the United Way Community Impact Fund.

### I WANT TO INVEST IN THE MOST POWERFUL WAY POSSIBLE BY INVESTING IN ALL FOUR COMMUNITY IMPACT AREAS.

- I want to help my community by investing in one or more of the following specific Community Impact Area(s) (a minimum of \$50 ea.).
  - Ready Children  Successful Youth  Self-Sufficient Families  Independent Adults
- Designate my gift (a minimum of \$50) to the following 501(c)3 Health & Human Service Agency serving Harrisonburg, Rockingham County or other United Way. I understand that my gift must be per agency, otherwise my investment will be in the Community Impact Fund. Non-partner agencies will be charged a processing fee.

Agency/United Way \_\_\_\_\_

Location \_\_\_\_\_

**I would like to join the Skyline Leadership Society**—Leadership giving is an opportunity for you to take the lead in, and be recognized for, making a significant difference in our community. Leadership gifts may be individual or household. If household please include name & employer of other household member

Name \_\_\_\_\_

Employer \_\_\_\_\_

- Alexis de Tocqueville Society (\$10,000 or more)
- Zenith (\$5,000-\$9,999)  Summit (\$2,000-\$4,999)  Pinnacle (\$1,000-\$1,999)  Crest (\$750-\$999)  Peak (\$500-\$749)
- I prefer that my investment remain anonymous -or-
- List me (us) in the membership directory as: \_\_\_\_\_