GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™

United Way of Greater Nashua

Making A Gift

Please print legible CAPITAL LETTERS using **black ink only** (so our scanners can read the information clearly). Thank You!

1. Personal Information

FIRST NAME

LAST NAME

HOME ADDRESS-1

HOME-2 *Home Address Required for Caring Club Eligibility*

CITY ST

ZIP *All information is confidential and is used by United Way only. Information is not sold or shared.*

e-mail address *Required for Caring Club Eligibility*

2. Payroll Gift

I wish to make a payroll gift of: $ AMT .

~per pay period~

for a total gift of: $ TOTAL .

My pay period is: ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly

X _____ _____

Signature required Date

Giving is a personal decision. United Way strongly discourages and works to eliminate coercion of any kind in the solicitation process.

3. One-Time Gift

I pledge a one-time gift of: $ AMT .

To be paid by:

☐ Cash/Check *(Make checks payable to United Way.)*

☐ Please bill me *(Home address required)*

To give via credit card, please visit www.unitedwaynashua.org.

Directing My Gift

Please refer to your Contributor's Guide

4. United Way - General Fund

The best way to help -- supports community initiatives *and* proven effective programs *(For General Fund use only)*

A 541888 $ AMT .

Join *Caring Club* Today!

When you donate $156 ($3/wk.) or more to United Way's General Fund (or any of the following impact areas or community initiatives) and provide home and email addresses, you receive a *Caring Club* card and discounts at retailers throughout eastern New England. More information at www.mycaringclub.org.

B OTHER CHOICES. Choose one or more of the impact areas or community initiatives below to direct your gift to specific services that help people:

☐ Food, Clothing & Shelter $ AMT .

☐ Children, Youth & Families

☐ Health & Elders $ AMT .

☐ Violence Prevention & Personal Safety

☐ Workforce Housing $ AMT .

☐ Youth Venture

see Contributor's Guide for agency code

CODE $ AMT .

_____

Agency or United Way (if code not listed)

_____ $ AMT .

Address

_____

City State Zip

C *Total of 4 A & B:* $ TOTAL .

This amount should not exceed your total gift in #2 and/or #3. Your gift to United Way is tax deductible.

5. Let Us Thank You

☐ I wish to be acknowledged/thanked by the organization(s) I have selected. *(Home address required.)*

Including United Way in your estate planning provides a lasting legacy to ensure our community remains strong and healthy for generations to come. Please consider including United Way in your will.

Form GN-06