

# United Way of Forsyth County

PO Box 1350  
Cumming, GA 30028  
Phone: (770) 781-4110

Fax: (770) 781-4558  
Email: info@unitedwayforsyth.com  
www.unitedwayforsyth.com



MY INFORMATION (Please Print)

Mr.  Mrs.  Ms.  Dr. Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employee ID \_\_\_\_\_

Home Email \_\_\_\_\_

Please send me information on including United Way in my will or trust.  Please email me your newsletter.

I would like to learn more about volunteer opportunities.

MY PAYMENT OPTIONS

**Payroll Deduction:** My total gift is \$ \_\_\_\_\_  
\$ \_\_\_\_\_ per pay period X \_\_\_\_\_ pay periods

**Direct Gift:** My total gift is \$ \_\_\_\_\_

Cash (enclosed)  Personal Check (enclosed) # \_\_\_\_\_  
(Please make checks payable to United Way of Forsyth County)

Direct Bill: Please Bill Me  Quarterly  Monthly  Once on

Credit Card:  MasterCard  VISA  American Express  Discover

Please bill my card:  Immediately or  On \_\_\_\_\_ (date)

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

Stocks or Bonds. Please call me to arrange details at \_\_\_\_\_



MY INVESTMENT OPTIONS

**United Way General Fund:** I wish to support all United Way of Forsyth County Partner Agencies

**Designated Contribution\*:** I prefer to designate my gift to a particular United Way Agency or other United Way

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_

Please withhold my gift from the United Agency listed below:

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_

\*Donor designated contributions may be assessed management and general and/or fundraising fees based on actual historical costs in accordance with United Way of America Membership Standards.

SIGN/DATE

**Signature (REQUIRED)** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

**Our Mission:** To improve lives in Forsyth County by mobilizing the caring power and spirit of our citizens.