

TELL US ABOUT YOURSELF

Lubbock Area
United Way



Mr/Mrs/Ms/Dr _____
(Circle One) First Name MI Last 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 Spouse/Partner & Employer
(Why do we ask? So we can thank you as a couple for your combined gift.)

I have changed employers since the last time I gave. My former 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 lubbockunitedway.org/privacy-policy for our Donor Privacy Policy.

MAKE YOUR GIFT

PAYROLL DEDUCTION

I want to give:
 \$200 \$100
 \$50 \$25
 \$10 \$5
 Other \$ _____

Per pay period
or
 1% of my annual salary
 1 hour of pay per month

OR

BANK DRAFT

I want to give \$ _____ monthly
 Continue an existing draft
 1st time draft or account change of existing draft (Please attach a voided check)

CREDIT/DEBIT/PAYPAL

Make your gift online at
liveunitedlubbock.org/give or
text **lubbockgives** to 41444.

Make your
gift now



OR

PLEASE BILL ME

Amount \$ _____
 Once Monthly
 Quarterly

ONE TIME GIFT

Amount \$ _____
Attached Cash Check
Check # _____

Giving is a voluntary, personal decision. Visit lubbockunitedway.org/privacy-policy for our Voluntary Giving Policy.

SIGNATURE (Required to process pledge) I prefer to remain anonymous

X

Date: _____

TOTAL GIFT:

\$ _____

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 Amount \$ _____

Community Partner Name Amount \$ _____

ANOTHER UNITED WAY

United Way Name and/or Location Amount \$ _____

Special Instructions _____

Thank you for your gift to United Way. Your gift is tax deductible. Please keep a copy of this form for your records. Lubbock Area United Way does not provide goods or services as whole or partial consideration for any contribution. Designated gifts are assessed a fee for fundraising and processing costs in accordance with United Way Worldwide membership standards.

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 makes.



THANK YOU!

#liveunitedLBK

FOLLOW US ON

1655 MAIN STREET, STE 101
LUBBOCK, TX 79401
806.747.2711

LUBBOCKUNITEDWAY.ORG



Lubbock Area United Way