

TELL US ABOUT YOURSELF



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 OR

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


Bank Draft OR

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 lubbockunitedway.org/donate or text **lubbockgives** to 41444.

Make your gift now 

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



Financial Security

Creating a stronger financial future for every generation.



Community Resiliency

Addressing urgent needs today for a better future tomorrow.



Youth Opportunity

Helping young people realize their full potential from cradle to career.



Healthy Community

Improving health and wellbeing for all.

Learn more about the difference your gift makes.



Thank You!

Follow us on

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