

United Way of the Pennyrile
1110 A South Main Street
P.O. Box 587
Hopkinsville, KY 42240
270/886-8171 Fax: 270/886-4263
uway@hesenergy.net



United Way
of the Pennyrile

PERSONAL INFORMATION *(Please print)*

Mr. Mrs. Ms. Dr.

Name _____
Home Address _____
City/State/Zip _____
Phone _____

Personal e-mail _____
Employer _____
Work Phone _____
Work e-mail _____

Let us know:

I will be retiring this year and wish to be contacted at my home address at _____.
 I wish for my gift to be anonymous.

GIVING OPTIONS

A. Payroll Deduction Option

I would like to give \$ _____ per pay period, bi-monthly, or monthly. *(Please circle one)*
 Care Share: I pledge .6% of my salary (1 hours pay per month)
 Care Share Plus: I pledge 1.2% of my salary (2 hours pay per month)
For a total gift of \$ _____

B. Direct Billing Option

I would like to give \$ _____ (total amount) Bill me: once monthly quarterly

C. Direct Gift Option

My gift of \$ _____ is attached. Payment method: cash check payable to United Way.

United Way Leadership Giving

My gift qualifies me for:

John C. Latham Society (\$500 +)
 Please combine my gift with my spouse/partner to determine our giving level.
Spouse/Partner name _____ Workplace _____
 Please list my/our name(s) as follows in recognition materials _____

HOW DO YOU WANT TO INVEST IN YOUR COMMUNITY?

A. United Way of the Pennyrile General Community Impact Fund – *A gift without designation to benefit all of our partner agencies.*

B. I would like my gift to stay in the following county or counties:

Christian County Caldwell County Todd County Trigg County

C. Please direct my gift to the following agency: **Designations require a \$50 minimum pledge.* _____

Designated agencies must be registered as a nonprofit agency with tax exempt status. If a non-qualifying agency is designated, United Way will redirect these funds to the Community Impact Fund. United Way deducts an administrative fee for designations to non-partner agencies to offset costs.

SIGN HERE: _____ DATE: _____

Thank you for your contribution to United Way. 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.

White copy – United Way Yellow Copy – Employer Pink Copy – Donor / Employee