

Name* _____
 Home Address _____
 City _____ State _____ Zip Code Plus 4 _____
 Daytime Phone _____
 Home/Work E-mail _____
 Employer/Company _____

PLEASE SIGN: I hereby authorize this transaction

***** Date _____ *****

I pledge \$ _____ as my annual gift.

This is my Fair Share of 1% or 1 hour's pay per month

Or \$20 \$15 \$10 \$5 Other \$ _____ per pay period
 Payment by (Choose only one)

- Payroll Deduction Check to United Way
 Cash Enclosed Bill my Credit Card
 Bill me at Home Monthly Quarterly Once in _____ the month of _____

OR

(American Express / Discover/ Mastercard/Visa) **

3 Digit Code _____ Expires _____ / _____
 From back of card _____ Mo _____ Yr _____
 ** _____ Provide credit card billing Zip Code _____



LEADERSHIP GIVING

- Gold \$ 500 to 999 Platinum \$1,000 to 1,499
 Ruby \$1,500 to 2,499 Emerald \$2,500 to 4,999
 Diamond \$5,000 to 9,999

My/our gift is to remain anonymous.

My/our combined gift of \$500 or more qualifies me/us for leadership recognition. Other Donor's NAME and COMPANY _____

Please list name as above* or names as follows _____

Thank you for your contribution!
Supporting the Community Care Fund insures
that your donation has the greatest impact.

You may choose to support the Community Care Fund or designate your contributions to any 501(c)3 organization by writing the agency's name, address information and amount below.

**DONOR
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Your gift is tax deductible in the year paid. IRS regulations require two forms of documentation to substantiate your tax deductible gift to all charitable organizations. Please keep your copy of this pledge along with your pay stub, W-2 or other document furnished by your employer, canceled check, bank or credit card statement or other documentation furnished by United Way or the designated charity.

Measurable change.

The Community Care Fund provides support for a wide variety of critical programs provided by a partnership of local non-profits. These needs have been assessed by volunteers that review the applicant's programs and finances to insure your money is well invested. We recommend you consider the value of these partnerships and the comprehensive care they provide when making your investment choices.

**GIVE.
ADVOCATE.
VOLUNTEER.

LIVE UNITED.**

**UNITED WAY OF LAWTON-FORT SILL
1116 S.W. A Avenue, P.O. Box 66
Lawton, OK 73502
Phone (580) 355-0218
Fax (580) 355-0810
www.uwlawton.org**

Measurable results.

Giving is a personal decision. United Way strongly discourages and works to eliminate coercion of any kind in the solicitation process. United Way of Lawton-Fort Sill reserves the right to cover costs of collecting and distributing designated and undesignated funds not to exceed 15%.

United Way of Lawton-Fort Sill works to improve the communities we serve by focusing on

- Helping children and youth achieve their potential through education
- Helping families become financially stable and independent
- Improving people's health

We invite you to be part of the change.
Together, united, we can make hope real and create opportunities for a better tomorrow.

That's what it means to Live United