

Thank You for investing in



LIVE UNITED

United Way of
Northeast Kentucky
P.O. Box 2285
Ashland, KY 41105-2285
606.325.1810
www.uwnek.org
uway@uwnek.org

Serving
Boyd, Greenup,
Carter, Lawrence and
Elliott Counties

**COMMUNITY
INVESTMENT FORM
2009-2010**

LAST NAME:		FIRST:	MI:	TELEPHONE:
ADDRESS:				
CITY:		STATE:	ZIP:	E-MAIL:
EMPLOYER		DESIGNATED AGENCY(IES):		

IN CONSIDERATION OF THE NEEDS OF OTHERS, I PROUDLY PLEDGE MY ANNUAL GIFT.

\$ _____ Total Annual Gift

To Be Paid as Follows:

Payroll Deduction:

I wish to contribute \$ _____ each pay period.

I am paid 12/24/26/52 times per year. (*circle one*)

Direct Payment:

- Check - Payable to United Way Cash
 Credit Card - VISA Mastercard Discover American Express

Card Number

Expiration Date

Bill Me Please: Quarterly Semi-Annual Annual

First Billing Date ___/___
mo. yr.

charitable giving
2008-2009 **campaign**

AUTHORIZATION:

SIGNATURE

DATE

- I wish to remain anonymous.
My name will not be released to any
agency or publication.