TURN YOUR DOLLARS INTO CHANGE
TELL US ABOUT YOURSELF

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.

Full name(s) __________________________________________

Home address __________________________________________

City __________________________ State __________ Zip __________

Cell phone __________________________ DOB _______ / _______ / _______

Personal email __________________________ Employer __________________________

My Annual Commitment to Metro United Way $ ______________

PREFERRED PAYMENT METHOD

Please circle and complete the payment method(s) of your choice.

Payroll Deduction Total $ _____________ ($ _______ per pay period x _____ # of pay periods)

Cash $ ______________ Check (made payable to Metro United Way) $ ______________

Bill Me (Address if different than home) __________________________

Credit Card/ACH/Debit ☐ Visa  ☐ Mastercard  ☐ Discover  ☐ American Express

☐ One-time $ _____  ☐ Monthly $ _____  ☐ Quarterly $ _____  Start date _______

Card no. __________________________________ Expiration date _____________

Checking account no. __________________________ Routing no. ______________

Securities or Stock Transfer (Please call 502.292.6146)

GIFT PREFERENCES

☐ Metro United Way — Please use my gift where it is most impactful.

☐ Healthy Lives  ☐ Financial Independence  ☐ Early Childhood Success  ☐ Youth Success

☐ Other Designations — Please specify here __________________________

Any designations made to an organization not on the list provided by your Metro United Way representative will be designated to Metro United Way.

SIGN AND DATE

Signature __________________________ Date __________________________

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. Please consult your tax advisor for more information.