



Name: _____ Date: _____ Total Annual Contribution
 Home Address: _____ Employer: _____ \$
 City/ST/Zip: _____ Signature: _____

Payroll Deduction Pledge

or

One-Time Donation Pledge

Yes, I want to pledge my Fair Share (One hour's pay/month)
 \$ _____
OR I pledge the following each pay period:
 ___\$3 ___\$5 ___\$10 ___\$15 \$ _____ other
 \$ _____/check x _____ pay periods = Total \$ _____

I pledge a one-time gift of \$ _____

Bill Me at home Monthly Quarterly
 (A minimum pledge of \$25 Please.)

Credit Card VISA MC AMEX
 Card No. _____

Exp. Date: _____

Name on Card _____
 (Circle One)

Cash / Check: CK # _____

I would like to learn more about how I can help. My email address is _____

Leave a Legacy: Please remember the United Way in your Estate Planning or Will and let us know when you do. If you would like more information about planned giving opportunities contact us at 875-1675. **Targeted Care Instructions: See Reverse Side of this Page**

- General Fund.**
The most popular choice. The best way to help the most people.
- Targeted Care.** I would like for my contribution to go to a United Way of Franklin County partner agency. (Please select the appropriate Agency Code from the Agency Listing).
 Code # _____ Amount \$ _____
 Code # _____ Amount \$ _____
 Code # _____ Amount \$ _____

Special Request. I would like for my gift to exclude the following agency _____
 I request \$ _____ of my donation to go to _____
 _____ in _____ county.

Acknowledgement of Gift.

- Yes, you may release my name and gift amount to the causes I support.
- No, do not release my name or gift amount except for United Way record keeping.

Targeted Care Programs:

- | | |
|----------------------------------|-----------------------------------|
| 4001 American Red Cross | 4012 Sr. Citizens |
| 4002 Big Brothers/Big Sisters | 4013 Food Pantry |
| 4004 Senior Companion Program | 4014 Girl Scouts |
| 4005 Capital House | 4017 Nursing Home Ombudsman |
| 4006 Halfway House | 4018 PUSH |
| 4007 Boy Scouts | 4019 Salvation Army |
| 4008 Legal Aid of the Bluegrass | 4020 SIMON House |
| 4009 Soup Kitchen | 4021 South Frankfort Cmty. Center |
| 4010 Frankfort Habilitation Inc. | 4022 Sunshine Center |
| 4011 YMCA | 4024 Kings Center |
| | 4025 Thorahill Learning Center |

Thank You for making a difference in your community. Your simple & thoughtful donation will touch the lives of thousands in Franklin County. **Together, We Matter.**