

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

# LIVE UNITED™



Lakes Region United Way  
95 Water St.  
Laconia, NH 03246  
(603) 524-6864  
www.LRUW.org

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
MAILING ADDRESS		CITY	STATE ZIP
PHONE	COMPANY NAME		
E-MAIL ADDRESS			

*Loyal Contributor*  
I have been contributing to the United Way for \_\_\_\_\_ years.

Lakes Region United Way will never rent, sell or exchange information on our contributors. View our privacy policy at www.LRUW.org.

- I PREFER THAT MY GIFT REMAIN ANONYMOUS.
- PLEASE SAVE POSTAGE AND DO NOT SEND A WRITTEN ACKNOWLEDGEMENT OF MY GIFT.

### PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

<input type="checkbox"/> <b>EASY PAYROLL DEDUCTION</b> I want to contribute the following amount each pay period: <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$2 <input type="checkbox"/> \$1 <input type="checkbox"/> Other \$ _____ For a <b>total</b> annual gift of: AMOUNT \$ _____	<input type="checkbox"/> <b>DIRECT GIFT</b> AMOUNT \$ _____ Direct gift to be paid by: <input type="checkbox"/> Cash (enclosed) <input type="checkbox"/> Personal check (enclosed) <input type="checkbox"/> Credit Card MC VISA AMEX DISC (circle one) Card # _____ Expiration date: MO/YR _____	<input type="checkbox"/> <b>MY GIFT OF \$500 OR MORE</b> qualifies me for membership in the <b>Leadership Circle</b> . Please list my/our name as it appears above unless noted below. _____ _____
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### PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

*option A*

<input type="checkbox"/> <b>INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.</b> <i>The most powerful way to invest your contribution.</i> AMOUNT \$ _____
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*option B*

<input type="checkbox"/> <b>EDUCATION</b> Helping children and youth achieve their potential <ul style="list-style-type: none"> <li>• Early Learning Programs</li> <li>• Out-of-School Programs</li> </ul> AMOUNT \$ _____	<input type="checkbox"/> <b>INCOME</b> Helping families become financially stable and independent <ul style="list-style-type: none"> <li>• Affordable Health Care</li> <li>• Affordable Housing</li> <li>• Affordable Counseling</li> <li>• Access to Public Benefits</li> </ul> AMOUNT \$ _____	<input type="checkbox"/> <b>HEALTHY COMMUNITIES</b> Strengthening our community <ul style="list-style-type: none"> <li>• Community Connections</li> <li>• Community Engagement</li> </ul> AMOUNT \$ _____
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*option C*

<input type="checkbox"/> <b>Restricted Contribution</b> AMOUNT \$ _____	AGENCY NAME, ADDRESS AND PHONE NUMBER _____ _____
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For pledges to those agencies not affiliated with the Lakes Region United Way, an 18.5% processing fee will be deducted. See reverse for a listing of affiliated agencies and programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Thank you for investing in your Lakes Region United Way.

Thank you for your contribution through the United Way campaign. 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. Consult your tax advisor for more information.