MY INFORMATION





Name Com	pany/Dept/EmpID
Please provide your current contact information.	
Home Address	
City	State Zip
Personal Phone Wo	ork Phone
Personal Email Wo	ork Email
Please consider being part of the Leadership Giving Societ Chairman's Club (\$500 - \$999) Torch Society Crystal (\$1,000 - \$1,799) Bronze (\$1,800 - \$2,499) Silve Tocqueville Society (\$10,000 or more)	
Spouse/Partner NameSpo	ouse/Partner Employer
List recognition as	I prefer my gift to remain anonymous.
By sharing your contact information we can thank you and let you know how your do All information collected is used for internal purposes only and will not be disclosed	
□ Easy Payroll Deduction	☐ Gift Enclosed
I will contribute the following amount each pay period until changed or revoked by me.	□ Cash
□ \$25 □ \$50 □ \$75 □ \$110 □ \$210	☐ Check Make checks payable to: United Way Space Coast
□ Amount Per Pay Period \$	☐ Credit Card I have made a gift online at uwspacecoast.org. (Click the GIVE button.) Total Gift \$
Signature	Date

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MY CONTRIBUTION

All gifts will be invested in the Community Care Fund (unless noted below).

☐ If you wish to designate a portion of your gift, it must be \$130 or greater due to processing fees. Designations must be to a 501(c)(3) health and human service agency. If designation does not meet this requirement it will be redirected to the Community Care Fund.

Amount \$ Agency Name _

☐ I wish to receive acknowledgment from the specified agency.



