

# Community Campaign 2021

United Way of York County connects people and resources to improve lives and create better communities

United Way  
of York County



**My Contact Information: Please print. Your personal information is kept CONFIDENTIAL and will not be sold or shared at any time.**

MR/MRS/MS/DR \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
( ) \_\_\_\_\_  
EMAIL \_\_\_ Work \_\_\_ Home \_\_\_\_\_ PHONE \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ BIRTHDAY (month/day/year) \_\_\_\_\_

**My Pledge/Gift: Please select one of three options below, then sign and date.**

**EASY PAYROLL DEDUCTION**

- \$50       \$25  
 \$20       \$10  
 \$5       Other: \$ \_\_\_\_\_

X \_\_\_\_\_ = \_\_\_\_\_  
# of Pay Periods      Total Annual Gift

**DIRECT PAYMENT** of \$ \_\_\_\_\_

- Cash enclosed  
 Check enclosed: Ck # \_\_\_\_\_ (Payable to: United Way of York County)  
 Credit card:  
\$ \_\_\_\_\_ per  Month  Quarter  One time  
Card # \_\_\_\_\_  
Expiration: \_\_\_\_\_ CVV \_\_\_\_\_  
 **BILL ME** \$ \_\_\_\_\_

- I donated in 2020 and want to continue my pledge for \$ \_\_\_\_\_ this year. Please contact me about extending that donation.  
 I would like to learn more about giving stocks or securities.       I would like to donate products or services.  
 I would like to learn more about planned giving options.       I would like to learn more about volunteering.

**Recognition: Our Leaders' Circle recognizes gifts of \$1,000 or more. Please share how you wish to be listed:**

List my/our name(s) as: \_\_\_\_\_  Make my gift anonymous

**How Do You Want to Make an Impact? A targeted priority area gift total should match the Total Annual Gift above.**

- Invest my contribution where it will impact my community the most: United Way of York County!  
 Target my gift – choose one or more priority area:

**BB** Bright Beginnings  
Lifelong learning for kids!

Amount \$ \_\_\_\_\_

**CY** Connected Youth  
Engaging teens through service!

Amount \$ \_\_\_\_\_

**SS** Supportive Services  
Food, shelter, healthcare & more!

Amount \$ \_\_\_\_\_

- Direct my gift to another United Way or the 501(c)(3) nonprofit health and human services organization in Maine or New Hampshire listed here. Total contribution must be \$25 or more:

**\*\* YOUR SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECT QUESTIONS TO:** Brian Petrovek, President & CEO, United Way of York County, Tel: (207) 604-5631, bpetrovek@buildcommunity.org

# THANK YOU!

United Way of York County acknowledges 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 total amount withheld and paid to a charitable organization. Consult your tax advisor for more information.