



United Way of Cowlitz and Wahkiakum Counties Donation Form

1338 Commerce Ave., Suite 206, Longview, WA 98632

360.423.5320 www.cowlitzunitedway.org



Contact Information

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Recognition

- I prefer my/our donation remains anonymous, no public recognition.
- My donation is in honor/memorial of: _____

Donation Total Amount: \$ _____ for date range / / 202 - / / 202

Payment Method

- Payroll deduction \$ Per Pay Period \$ _____ # of Pay Periods _____
- One-Time Credit Card (Call 360.423.5320 or visit www.cowlitzunitedway.org)
- One-Time Check (Payable to United Way of Cowlitz & Wahkiakum Counties)
- Bill Me Amount Per Invoice \$ _____ X Frequency) One-time Monthly Quarterly =Total Donation Amount

How do you want to invest in your community?

Please check one box of where you would like your money invested. If nothing is selected, your money will go toward the General Campaign.

- Please invest my money in the **General Campaign**. (Supports United Way grant funded local non-profits in the area of health, education and financial stability.)
- Please invest my money in the **Dolly Parton's Imagination Library**. (Providing free age-appropriate books to children in our community.)
- Please invest my money in the **Community Impact** to achieve the goal: All students in our community graduate high school prepared for diverse post-secondary opportunities and beyond.
- Please direct my money to a **specific non-profit** (must be a 501(c)(3) organization. Non-United Way partner organizations will have a processing fee deducted. **Agency Name:**

Phone _____ Agency Address: _____

Thank-you for donating to United Way of Cowlitz & Wahkiakum Counties and helping to improve lives.

Signature: _____ Date: _____