

Contact Information

First Name:

Last Name:

Business Name (If applicable):

Home Address:

City:

Zip:

State:

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

Signature: _____

Date: _____

Donations of \$250 or more will receive an IRS Charitable Gift Receipt in January
United Way of Cowlitz & Wahkiakum Counties has a financial review annually
and is registered with the Secretary of State, Registration #6827.