

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/memoriam 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.