

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



1 My Name

PLEASE PRINT FIRMLY.

Your personal information is kept confidential and will not be sold or shared at any time.

Name _____

Mailing Address _____

City _____ Zip _____

Employer _____

Hm Phone _____ Work Phone _____

E-mail _____

Date of Birth ____/____/____

2 My Contribution

PAYROLL DEDUCTION:

A. Amount per pay period:

\$10 \$15 \$25 \$50 \$100 Other \$ _____

B. Pay period per year:

12 (monthly) 24 (bi-monthly) 26 (every other week) 52 (weekly)

C. Total annual payroll deduction (A x B) \$ _____

PAYMENT ENCLOSED:

Cash Check # _____ \$ _____

CHARGE MY CREDIT / DEBIT CARD:

Once Monthly \$ _____ Quarterly \$ _____
(begins January)

_____ / _____ / _____ / _____ Exp _____

Visa Mastercard Discover \$ _____

BILL ME AT MY HOME ADDRESS:

Once Monthly \$ _____ Quarterly \$ _____
\$ _____

3 My Gift

Total Annual Gift \$ _____

I want my gift to help the most people possible!

Do the most good

Signature _____ Date _____

THANK YOU FOR INSPIRING HOPE FOR A BETTER TOMORROW

Your gift is tax deductible as allowed by the IRS
No goods or services have been given in exchange for this gift
Federal ID # 93-0470252 Phone: (541) 926-5432

To be eligible to win the 2009 Campaign Incentive Prizes, you must fill out your full name, address and phone number.

Special Instructions & Recognition

- I plan on retiring within the next 12 months
- Please send me information on Planned Giving
- I am a Loyal Donor
 - 10 years
 - 15 years
 - 25+ years
- I Give at a Leadership Level (Donors giving \$500 or more combined)
 - My Spouses/ Partners name is _____
 - My Spouses/ Partners workplace is _____

Bridge Builders Society		
\$ 500 - \$ 999	Calapooia Society	\$2,500 - \$4,999 Willamette Society
\$1,000 - \$2,499	Santiam Society	\$5,000+ Bridge Builder

Optional

Fill out only if you wish to restrict your gift to specific goal areas or agencies. Your options are:

- Do the Most Good \$ _____
- Income \$ _____
- Education \$ _____
- Health \$ _____

Restrict my contribution to **only** the following 501(c)3 agency: \$ _____

Designation cannot be honored if **full name** is not legible
*Please note: there is a \$50 minimum for each restricted gift

Please release my name to the above agency

Printing Sponsored by:



AN MDU RESOURCES COMPANY

A United Way Community Partner