

EVERYDAY IS A NEW OPPORTUNITY TO LIVE UNITED

P.O. Box 586 • Panama City, FL 32402 • 850.785.7521

United Way of Northwest Florida



www.UnitedWayNWFL.org

My Contact Information: Section 1

IMPORTANT INSTRUCTIONS

It is very important that you fill out sections 1, 2, and 3 completely. If you choose not to fill out section 3 your pledge will go directly to UWNWFL.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mr.	Mrs.	Ms.	Dr.	First Name	M.I.	Last Name	Suffix
Preferred Contact Address							
City		State		Zip		Employer	
				<input type="checkbox"/> I prefer my gift remain anonymous. <input type="checkbox"/> I would like to receive UWNWFL's electronic newsletter.			
Email				Preferred Phone Number			

I would like to give at the following level: Section 2

<input type="checkbox"/> Careshare One hour's pay per month. My hourly wage is: \$ _____	<input type="checkbox"/> Women's Leadership Council A total gift of \$500 or more.	<input type="checkbox"/> Red Feather My gift alone, or with my spouse's gift, is at least \$1,000. Spouse's Name: _____ Spouse's Employer: _____	<input type="checkbox"/> Other Amount Gifts of any amount are appreciated. \$ _____
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<input type="checkbox"/> I will give through payroll deduction <div style="text-align: right;"> _____ X _____ = \$ _____ <small>Amount deducted per pay period # of pay periods per year</small> </div>	\$ _____
<input type="checkbox"/> I'm enclosing my gift now <input type="checkbox"/> Cash <input type="checkbox"/> Check Check No. _____ Check Date _____ <small>Please make payable to United Way of Northwest Florida</small>	\$ _____
<input type="checkbox"/> Credit Card (Complete billing address REQUIRED) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> Discover </div> <div> Charge Card: <input type="radio"/> Once - In January <input type="radio"/> Monthly - Jan-Dec </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Credit Card Number _____ <input type="checkbox"/> I submitted my gift online at www.UnitedWayNWFL.org </div> <div> Exp. Date _____ CVN _____ </div> </div>	\$ _____ \$ _____

<div style="font-size: 2em; font-weight: bold; color: blue; float: left; margin-right: 10px;">X</div> Signature Required _____	Date _____
My total gift is:	
\$ _____	

I would like to give to: Section 3

<input type="checkbox"/> United Way of Northwest Florida	<input type="checkbox"/> UW Affiliated Agency(ies) _____ Agency Code _____ Dollar Amount _____ Agency Code _____ Dollar Amount	<input type="checkbox"/> First Call for Help - United Way of Northwest Florida's information and referral network. <input type="checkbox"/> Other Agency - Agency must be a qualified non profit, 501 (c)(3). Please provide full legal name and location of charity.
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In the following county:
 Bay
 Calhoun
 Gulf
 Holmes
 Jackson
 Washington

Thank you for investing in United Way. No goods were given nor services provided in whole or partial consideration for this contribution. A copy of the official registration and financial information of United Way of Northwest Florida, principally located in Florida, may be obtained from the Division of Consumer Services by calling toll-free, (800) 435-7352. Registration does not imply endorsement, approval, or recommendation by the state. Per IRS Notice 2006-110, donors whose contributions are made by payroll deduction and choose to itemize their taxes will need, in addition to a copy of this form, paystubs, W-2, or other employer document indicating the amount withheld and paid to United Way of Northwest Florida. Please consult your tax advisor for more information.