



Contact Information

Name _____	M.I. _____	Last Name _____	First _____	Personal Phone _____
Mailing Address _____			City _____	State _____ Zip Code _____
Personal Email Address _____			Company/Employer Name _____	

By providing your contact information above, you consent to receiving periodic mail from United Way, including email, from which you can unsubscribe at any time.

Support our Powerful Network of Nonprofits. Give to the Community Impact Fund.

By donating to United Way of Whatcom County, you are funding a collaborative network of local nonprofits and programs that are helping our struggling friends and neighbors meet basic needs, improve their economic mobility, and break out of the cycle of poverty!

☐ **Payroll Deduction:** \$ _____ X _____ = \$ _____
Amount per pay period # of pay periods per year Annual gift amount

☐ **Cash/Check:** \$ _____ **Enclosed**, payable to United Way of Whatcom County
Annual gift amount

☐ **Credit Card:** \$ _____ **Pay securely online @ UnitedWayWhatcom.org** or
One-time gift call (360)733-8670 to pay by phone.

☐ \$ _____ ☐ I am currently a monthly credit card donor and
Recurring / monthly have updated my contact info above.

Scan to give!



☐ **Make this gift in honor/memory of:** _____

Support Early Learning and Literacy

☐ I would like \$ _____ of my donation to go to Dolly Parton's Imagination Library

Signature _____ (required)

Date ____ / ____ / ____

Please restrict \$ _____ (\$100 minimum required) of my contribution to the following 501(c)(3)

☒ I agree to the designation policy posted on UnitedWayWhatcom.org

Agency name/address _____

United Way of Whatcom County reserves the right to re-direct this gift if the requested recipient organization does not meet our criteria for giving.

Thank you for supporting United Way of Whatcom County!