



## 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](https://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](https://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!**