

Contact Information

First Name	M.I. Last Name	Po	ersonal Phone
Mailing Address	City	St	ate Zip Code
Personal Email Address By providing your contact information above, you	·	any/Employer Name ed Way, including email, from which yo	ou can unsubscribe at any time.
Support our Powerful Network of Nonprofits. Give to the Community Impact Fund.			
YES! I want to help support a network of improve their economic mobility, and br		oing friends and neighbors s	truggling to meet basic needs,
Payroll Deduction: \$ Amount per pay	X = \$	nnual gift amount	hv.
	Pay securely online @ UnitedWayWh (360)733-8670 to pay by phone. Or, s	atcom.org or call	Ne no _w
\$ Recurring / monthly	I am currently a monthly credit c and have updated my contact in		
Cash/Check: \$Annual gift amount	Enclosed , checks made payable to United Way of Whatcom County		
Make this gift in honor/memory o	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)		olicy posted on UnitedWayWhatcom.org