



*Contribution Form*



**GIVE. ADVOCATE. VOLUNTEER.**

United Way of Coastal Georgia, Inc.  
 Post Office Box 877, Brunswick, Georgia 31521  
 Office: 912.265.1850, Fax: 912-265-1855

[www.LiveUnitedNow.com](http://www.LiveUnitedNow.com)

**1. MY INFORMATION:** *Please print your information. Your email address is never shared.*

Company Name: \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Preferred Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2. MY UNITED WAY INVESTMENT:** *Please select your method of contribution.*

**ONE TIME CONTRIBUTION:** *(Please Attach)*      **Cash \$**      **Check #**      **\$**

**CREDIT CARD PAYMENT:** [www.uwcga.org](http://www.uwcga.org)

**PAYROLL DEDUCTION:** *(\$ Amount X # Pay Periods = Annual Pledge)*      **Total Yearly Pledge \$** \_\_\_\_\_

**FAIR SHARE:** one hour's pay per month Example: if you make \$8/hr + \$8 per month X 12 months = \$96 = \$1.86/paycheck

\$ \_\_\_\_\_ **Per Pay Period**    **My Pay Period:** \_\_\_ Weekly    \_\_\_ Bi-Weekly    \_\_\_ Monthly

**Please distribute my contribution as follows:**

- **Direct my total investment to the COMMUNITY FUND** \$ \_\_\_\_\_  
 I want to make the greatest impact possible by investing in the community-wide programs which address many different needs and benefit most people.  
 I understand local volunteers will decide which programs will be funded.
  
- **\*OR\***    **I would like to designate my investment as follows:**
- \_\_\_ **COMMUNITY FUND:** Making the greatest impact possible by giving to community-wide programs \$ \_\_\_\_\_
- \_\_\_ **Education:** Helping youth achieve their potential \$ \_\_\_\_\_
- \_\_\_ **Income:** Meeting the basic needs and enhancing the ability to become self-sufficient \$ \_\_\_\_\_
- \_\_\_ **Health:** Improving the health, safety, and wellness of individuals and families \$ \_\_\_\_\_
- \_\_\_ **Partner Agency (Listed Below - \$250 Minimum):** \_\_\_\_\_ \$ \_\_\_\_\_

**My TOTAL Investment:**    \$ \_\_\_\_\_

**3. MY SIGNATURE:** *Please sign and date below.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Your contribution is fully deductible. No goods or services were provided in exchange for this contribution.*

\_\_\_ **Please do NOT list my name publicly.**  
 \_\_\_ **I am interested in volunteering!**

**2017 PARTNER AGENCIES**

**EDUCATION**

- Boy Scouts of America
- Boys & Girls Club of Southeast Georgia
- Communities in Schools
- Girl Scouts of Historic Georgia
- Golden Isles Career and College Academy
- Golden Isles Family YMCA
- McIntosh County YMCA
- Morningstar

**INCOME**

- America's Second Harvest
- American Red Cross
- Coastal Pines
- STAR Foundation
- The Salvation Army

**HEALTH**

- Atlantic Area CASA
- CASA Glynn
- Coastal Coalition for Children
- Coastal Medical Access Project
- Coastal Outreach Soccer
- Glynn Community Crisis Center
- Grace House
- Hospice of the Golden Isles
- Safe Harbor Children's Center
- SOAR