



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

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 #** _____ **\$** _____

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

My Pay Period: ___ Weekly ___ Every Other Week ___ Twice Monthly ___ Monthly ___ One Time Deduction

CREDIT CARD PAYMENT: **One Time:** \$ _____ **Recurring:** \$ _____ Weekly Monthly Quarterly

Card Number _____ Exp. Date: _____ CVC: _____

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!

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 - \$100 Minimum):** _____ \$ _____

My TOTAL Investment: \$ _____

2016 PARTNER AGENCIES

EDUCATION

- Boy Scouts of America
- Boys & Girls Club of Southeast Georgia
- Communities in Schools
- Girl Scouts of Historic Georgia
- Golden Isles Career Academy
- Golden Isles Family YMCA
- McIntosh County 4-H
- 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
- Glynn Community Crisis Center
- Grace House
- Hospice of the Golden Isles
- Safe Harbor Children's Center
- SOAR