



Thank You

# GIVE. ADVOCATE. VOLUNTEER.

United Way of Coastal Georgia, Inc.  
Post Office Box 877  
Brunswick, GA 31521  
Office: 912-265-1850  
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www.uwcga.com

## Contribution Form

### 1. MY INFORMATION: *Please print your information. Your personal information is never shared.*

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: Mr. Ms. Mrs. Dr.

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 # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**CREDIT CARD PAYMENT:** *Please visit our website at [www.uwcga.org](http://www.uwcga.org)*

**PAYROLL DEDUCTION:**  
Amount Per Pay Period \$ \_\_\_\_\_ x Number of Pay Periods \_\_\_\_\_ = Total Yearly Pledge \$ \_\_\_\_\_

**FAIR SHARE:**  
One Hours Pay Per Month \$ \_\_\_\_\_ x 12 Months = Total Yearly Pledge \$ \_\_\_\_\_

**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.*

### 2020 PARTNER AGENCIES

- America's Second Harvest
- Atlantic Area CASA
- Boys & Girls Club of Southeast Georgia
- CASA Glynn
- Centered for Life
- Coastal Coalition for Children
- Coastal Community Health Services
- Coastal Outreach Soccer
- Communities in Schools
- Gathering Place
- Golden Isles College & Career Academy
- Girl Scouts
- Glynn Community Crisis Center
- Golden Isles YMCA
- Grace House
- House of Hope
- McIntosh YMCA
- Oglethorpe Point Elementary School
- Safe Harbor Children's Center
- Salvation Army
- SOAR
- STAR Foundation