

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail (optional): \_\_\_\_\_

- Please direct my gift toward **all GMUW** local community needs programs
- Or, please direct my gift toward **a specific GMUW Targeted Area:**
  - Economic Initiatives       Health Issues       Children & Youth
  - Community Safety       Elders & People with Disabilities

Or, please direct my gift to the following **designated organization:**

\_\_\_\_\_ Please send me acknowledgement of my donation.

\_\_\_\_\_ Please send me your newsletter.

\_\_\_\_\_ Please add my name to published list of Leadership Givers (gifts of \$500 +)  Yes  No  
(Admin and uncollectible fees will be deducted from non-member designations.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for supporting the Green Mountain United Way!**

**PAYROLL DEDUCTION**

- \$25     \$20     \$10     \$5     \$2     \$1
- Other \$ \_\_\_\_\_ No. of pay periods \_\_\_\_\_
- Employer: \_\_\_\_\_

**or ONE-TIME DONATION**

- \$25     \$50     \$100     \$250     \$500
- \$1000     Other \$ \_\_\_\_\_

**METHOD OF PAYMENT**

- Cash/Check       Payroll Deduction
- Please bill me in the months of: \_\_\_\_\_

- Quarterly     Semi-annually
- VISA       MASTERCARD

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

I have included GMUW in my will/estate plan.