

**United Way of Ventura County**  1317 Del Norte Road, Suite 100 Camarillo, California 93010

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#### REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

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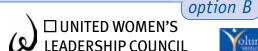
### option A

## **United Way's COMMUNITY IMPACT FUND**

I want to make the most powerful contribution possible in the areas of Education, Income, and Health: I want to focus my gift where the need is greatest here in Ventura County.

- 🔲 I would like more information on United Way's:
  - ☐ 2-1-1 Ventura County
  - ☐ Business & Professional Partnership
  - ☐ Latino Action Team
  - ☐ United Women's Leadership Council
  - □ VolunteerVenturaCounty.org
  - ☐ Young Leaders Society
- ☐ The information I've provided on this form has changed since last year
- I wish to learn about the **Planned Giving Program**







□ VOLUNTEER VENTURA COUNTY



☐ YOUNG LEADERS

#### **TOTAL ANNUAL CONTRIBUTION:**

option A



option B S



option A & B

S
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## **▽** YES I want to LIVE UNITED!

(Please print clearly)

#### **EMPLOYER** FIRST NAME MIDDLE LAST HOME ADDRESS CITY STATE ZIP CODE MAIN TELEPHONE ☐ HOME ■ WORK ■ MOBILE

## **Payroll Deduction**

I authorize my employer to deduc	t \$ from my paycheck.
☐ Weekly	Every Two Weeks
Monthly	☐ Other:
One-time Gift a ca	sh Check Credit Card

Expiration Date \_

VISA	





CIRCLE ONE:

DISC VER
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PERSONAL EMAIL

By providing your email address, you agree to receive our monthly e-newsletter.

**SIGNATURE** 

DATE

Other Options To designate your donation to a specific 501c3 nonprofit organization or any IRS qualified exempt organization, please provide the agency name, address and amount below. A processing fee of 15% will be applied to all designated gifts; minimum designation of \$52 per agency. Continuous payroll deductions not accompanied by a new form annually will default to the Community Impact Fund.

AMOUNT: \_\_\_ \_\_\_\_\_ ORGANIZATION NAME: \_\_\_ ADDRESS: \_