



United Way of
Ventura County

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

LIVE UNITED™



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*

option B



☐ 2-1-1
VENTURA
COUNTY



☐ UNITED WOMEN'S
LEADERSHIP COUNCIL



☐ VOLUNTEER
VENTURA COUNTY



☐ YOUNG
LEADERS
SOCIETY

TOTAL ANNUAL CONTRIBUTION:

option A

\$

option B

\$

option A & B

\$

☒ **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

PERSONAL EMAIL

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

Payroll Deduction

I authorize my employer to deduct \$ _____ from my paycheck.

☐ Weekly

☐ Every Two Weeks

☐ Monthly

☐ Other: _____

One-time Gift ☐ Cash ☐ Check ☐ Credit Card

CIRCLE ONE:



Expiration Date _____

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: _____

Thank you for your generosity!

Top copy = United Way / Yellow copy = Payroll / Pink copy = Donor