



United Way of Fostoria

DONOR INFORMATION (Fill in completely. Please use pen and print neatly.)

Please fill in this section with your information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Yes! I want to support the
2018 United Way Campaign
with my donation of
\$ _____ (total).

Why do we ask for personal information? We want to thank you and report back on how the campaign did! Your information stays with us, it's only shared with agency partners if you designate to that agency, and not at all if you donate anonymously. [] I prefer to donate anonymously.

PAYMENT INFORMATION (Choose one.)

[] Cash/Check Attached

My contribution of \$ _____ is included.

- [] Cash [] Check (payable to United Way of Fostoria)

[] Bill Me

I pledge a total of \$ _____ and wish to be billed at the address listed above.

Bill Me: [] Monthly [] Quarterly [] Other: _____

Credit card donations can also be made online at www.unitedwayoffostoria.org

- [] Credit Card [] VISA [] MASTERCARD [] AMERICAN EXPRESS [] DISCOVER

Name on Card _____ Total Amount \$ _____

Credit Card No. _____ Expiration Date ____/____ CVV _____

Billing Address _____

We can not accept donations to other United Ways when using a credit card.

DESIGNATION INFORMATION

I want to designate my gift to: [] A Fostoria United Way Agency [] Another United Way
_____ for an amount of \$ _____

Enter Designation(s) here

Designations must be \$25 or more

I am donating a Leadership Gift of \$500 or more

Please list my name as _____, or

- [] Do not list my name
[] Combine my gift with my spouse's (name) _____

- Bronze Level \$500 - \$749
Silver Level \$750 - \$1,199
Gold Level \$1,200 - \$2,499
Platinum Level \$2,500+

Sign Here

Signature: _____ Date: _____

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www.unitedwayoffostoria.org | www.facebook.com/unitedwayoffostoria

White copy- United Way Yellow Copy- Employer Pink Copy- Employee