

BUILDING RESILIENT PEOPLE AND THRIVING COMMUNITIES

Name _____ Check Enclosed \$ _____ Bill Me \$ _____

Address _____

City, State, Zip _____

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E mail _____

To make a confidential credit card donation
please call the United Way office at (541) 389-6507
or go online to www.deschutesunitedway.org

I have been a United Way contributor since _____

___ Maximize my gift, do not send me a thank you letter.

I want my gift to have the greatest impact.

By contributing to the **Collective Impact Fund** my gift will be strategically
invested in creating opportunities for success through collaborative
community initiatives.

Please contact me. I am interested in:

___ Electronic Funds Transfer ___ Planned Giving

___ I want my gift to be directed to the following impact area.

___ Education ___ Income ___ Health

___ Gifts of \$1,000 or more by an individual or couple
qualify for membership in the Summit Society

___ I want to restrict my gift to a specific organization. (Must be an IRS tax exempt 501(c)3.)

___ Gifts of \$10,000 or more by an individual or couple
qualify for membership in the Tocqueville Society



**United Way
of Deschutes County**

