



Name _____

Address _____

City, State, Zip _____

Phone _____
work cell/home

Work e-mail _____

Home e-mail _____

Please list my name for recognition as:

I wish to remain anonymous

My Total Gift \$ _____

Friend (\$50-249) Sister (\$250-1,000) Sponsor (\$1,000+)

Cash or Check enclosed.
Payable to United Way, note WIA in memo line

Bill Me - Monthly/Quarterly/One time _____ (circle one)
date

Credit/Debit Card _____ Visa _____ MC (\$50 minimum)
Quarterly/One time in _____ (circle one)
month

Card No: _____ Exp. Date _____

Signature (required) _____ Date _____