

Name (Mr./Ms./Mrs.) _____
Please print clearly.

Home Address _____

City/State/ZIP _____

Home Phone _____ Email _____

Company _____

**TO BE FILLED IN
BY COORDINATOR**

\$ _____
Annual Amount

YES! I want to make a difference with my Community Care Gift!

Suggested Giving Guide:

Over \$50,000 annual income - Two percent \$25,000-\$50,000 annual income - One percent Up to \$25,000 annual income - one hour's pay per month

A. Payroll deduction: I authorize my employer to deduct the following amount each pay period:

- 2% of my pay 1% of my pay 1 hour's pay per month \$ _____
- \$40 \$25 \$10 \$5 Other (Please specify) \$ _____
- My Pay Period is:**
- Weekly Every two weeks Twice a month Monthly

B. I wish to contribute \$ _____ In Cash By Check (Payable to Trident United Way)

- In Stock
- By Credit Card: MC ___ Visa ___ AMEX ___ Number _____ Exp Date _____
- Please bill my credit card: annually semi-annually quarterly one time on _____
- My gift of \$1000 or more qualifies me for membership in the Palmetto Society. Please list me in the Palmetto Society register as _____
- Please combine my gift with my spouse's gift.
Spouse's name and organization _____

C. I have already remembered Trident United Way in my will.

D. I am interested in remembering Trident United Way in my estate plans. Send me more information.

Signature: _____ Date: _____



Please visit us at www.tuw.org

Thank You!

This Section Optional (Minimum donation eligible for designation is \$20.)

I would like Trident United Way, guided by experienced volunteers from our local area, to ensure that my contribution is used in Berkeley, Charleston and Dorchester Counties for the greatest possible impact.

You may also designate to a specific TUW program area:

Success By 6.....\$ _____	<input type="checkbox"/> I would like _____% of my contribution to go directly to a specific 501(c)3 non-profit health and human service organization in South Carolina.
Nurturing Youth.....\$ _____	Agency Name _____
Increasing Self-Sufficiency.....\$ _____	Address _____
Responding to Basic Needs.....\$ _____	(Trident United Way cannot direct your gift to your designated agency without a correct address.)
Promoting Health and Wellness.....\$ _____	
Supporting Older People.....\$ _____	

Trident United Way, 6296 Rivers Ave., P.O. Box 63305, N. Charleston, S.C. 29419; (843) 740-9000
 Berkeley Service Center, 325 E. Main St., Moncks Corner, S.C. 29461; (843) 761-6033
 Dorchester Service Center, 117 S. Main St., Summerville, S.C. 29483, (843) 821-5000, 1-800-882-0676
 Dial 2-1-1 to Give or Get Help
*No goods or services were provided in exchange for this donation.
 In order to protect your privacy, Trident United Way does not release your name to other parties.
 THIS GIFT WILL CONTINUE UNLESS REVOKED OR MODIFIED BY DONOR.*

