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

LIVE UNITED™

United Way of
Ventura County



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