

Donor Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Email: _____

GENERAL FUND— ensures all Community Impact Areas are met.

Or designate to a specific area: Health Education Income

Visit our website to pledge online at: www.yavapaiuw.org



Mail Pledge Form To:
United Way of Yavapai County
P.O. Box 12935
Prescott, AZ 86304-2935

WHITE COPY- to UWYC YELLOW COPY- Keep for your records

Tax Deductible Gift Options

\$ _____ CASH or CHECK [Sq]
Office Use

\$ _____ CREDIT CARD:
 One-time Monthly Quarterly

Acct#: _____

Exp Date: _____ Sec Code: _____

\$ _____ BILL ME:
 One-time Monthly Quarterly

\$50 minimum donation for monthly/quarterly Bill Me transactions.

\$ _____ ELECTRONIC FUNDS TRANSFER (EFT):
 One-time Monthly Quarterly

Please attach voided check

I authorize my financial institution to transfer from my checking account to UWYC as outlined above.

SIGNATURE REQUIRED

DATE

No goods or services have been given in return for this contribution.