Step 1: Provide your c	ontact informa	tion			
United Way of Santa Cruz County only uses contact information to process donations and let you know how your investment is helping Santa					I wish to remain anonymous in publications.
Mr./Mrs./Ms./Dr. First Name	M.I.	Last Name	Recognition Name (if different)		Yes, I would like to sign up for
Home Address	Apt.	City	State	Zip	UW's newsletter.
Preferred Telephone	Preferre	d Email			
Company Name		_			
Emerging Leaders I am an early-mid career professional & would like to connect with United Way and it's impactYearly contribution of \$100 or \$10 a month		Women in Philanthropy My contribution of \$1000 or more specifically supports Women in Philanthropy strategic programs.		hropy	Leadership Giving Circle I gave \$1,000.00 or more to United Way of Santa Cruz County and want to support United 4 Youth.
Step 2: Direct how to in	nvest your gift				
HEALTHY COMMUNITY		best value for yo  Your gift will also			pact on youth well-being.  COMMUNITY RESILIENCY
Improving health and well-being for all	Helping	young people heir full potential	Building financial and strength		Addressing urgent needs today for a better tomorrow
Designated Gift Organiz	ation must be 501 (c)(3	) nonprofit. A minimum \$	100.00 contribution per agency :	required for this	s option. Processing fee: 15%
					\$
Agency name and complet	e address				Amount
Step 3: Please select p	ayroll deduction	on or direct gift	TOTAL GIF	T AMOL	JNT \$
EASY PAYROLL DE	DUCTION		CHECK Check # _		CASH
X	= \$	P.	ayable to United Way of		
\$ Amount per # of pay per period per year			redit Card isit us online at unitedwo	aysc.org	
SIGNATURE				DATE	