

EMPLOYEE GIVING | TOWN OF PALM BEACH UNITED WAY

ONE COMMUNITY. ONE GOAL.

PRINT NAME _____ COMPANY _____

ADDRESS _____

EMAIL _____

I WISH TO SUPPORT THE COMMUNITY WITH A GIFT TO THE TOWN OF PALM BEACH UNITED WAY

PAYROLL DEDUCTION

- \$1 per pay period \$25 per pay period \$250 per pay period
- \$5 per pay period \$50 per pay period Other \$ _____
- \$10 per pay period \$100 per pay period

ONE-TIME GIFT

- \$25 \$100 Other \$ _____
- \$50 \$250 \$1,000 qualifies for membership in the Red Feather Society
- \$75 \$500 \$10,000 qualifies for membership in the Tocqueville Society

List my name as follows: _____

I prefer my gift to remain anonymous

How many years have you been a contributor to the Town of Palm Beach United Way? _____

METHOD OF PAYMENT

Please Bill Quarterly Yearly Other Start Date: _____

Payment Enclosed (check payable to the **Town of Palm Beach United Way**)

Please charge my Visa MasterCard American Express Discover In the amount of \$ _____

Credit Card # _____

CID Security Code # _____ Expiration Date _____

Billing Address _____

Signature _____ Date _____

Stock or Bonds (for account information, call the Town of Palm Beach United Way at 561-655-1919)

Match Gift - Expected Date: _____ Expected Value: _____



Town of Palm Beach United Way
44 Coconut Row, M201, Palm Beach, FL 33480
Ph: (561) 655-1919 Fax: (561) 655-1740
www.palmbeachunitedway.org

THE TOWN OF PALM BEACH UNITED WAY MEETS ALL REQUIREMENTS SPECIFIED BY THE FLORIDA SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATIONS BY THE STATE. FLORIDA REGISTRATION NUMBER 710843, FEDERAL ID NUMBER 59-063-7885. THE TOWN OF PALM BEACH UNITED WAY RECEIVES 100% OF EACH CONTRIBUTION.

THIS INFORMATION WILL BE USED ONLY BY THE TOWN OF PALM BEACH UNITED WAY AND WILL NOT BE DISCLOSED TO OTHER PARTIES.