

## TREASURE | CHEST | TOWN OF PALM BEACH UNITED WAY

P	LEDGE			
	□ \$25	<b>\$</b> 100	☐ Other \$	
	□ \$50	□ \$250	$\square$ \$1,000 qualifies for membership in the Red Feather Society	
	□ \$75	□ \$500	$\square$ \$10,000 qualifies for membership in the Tocqueville Society	
I would like to give an additional donation to make a lasting impact through the United Way End  \$100 \$50 \$25 \$0 Other \$  List my/our name(s) as follows:    prefer my gift to remain anonymous				
			nous	
Εľ	MAIL		PHONE	
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		
	Signatu	re	Date	
☐ Stock or Bonds (for account information, call the Town of Palm Beach United Way at 561-655-1919			ormation, call the Town of Palm Beach United Way at 561-655-1919)	
	■ Match Gif	ft - Expected Date:	Expected Value:	



Town of Palm Beach United Way

44 Cocoanut 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.