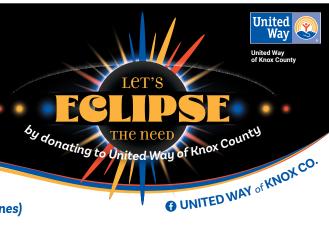
community campaign





MY INFORMATION (please complete all lines)

FIRST NAME	LAST NAME	
ADDRESS	CITY, STATE, ZIP CODE	
CELL PHONE (OPTIONAL)	EMPLOYER	ZIP CODE
*E-MAIL ADDRESS (REQUIRED)		

^{*}In an effort to "go green" we will use email for all future communications including tax receipts.



MY SUPPORT (How You Would Like To Make Your Contribution)

ш	DO	NAI	IUN	EN	CLU	JSED

TOTAL DONATION \$____

O PERSONAL CHECK O CREDIT CARD

O CASH

Secure credit card payments can be made at unitedwayofknoxcounty.org

OR —

□ BILL ME

O By December 31, 2023

O Semi-Annually in 2024

O One Time in _____, 2024

O Quarterly in 2024

LEADERSHIP GIVING

A gift of \$1,000.00 or more is recognized among Leadership Giving in our community. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Please share with us how you would like your generous gift recognized:

Print name as it shall be listed in printed materials		
Spouse/Partner Name		
Spouse/Partner Workplace		
\$ Spouse/Partner Gift if giving separately		



MY INVESTMENT (How You Would Like To Invest Your Contribution)

☐ INFLUENCE THE CONDITION OF ALL!

I choose the United Way of Knox County Community Impact to maximize change for all Knox County individuals and families. I know my gift will be used for the most current needs of my community.

Any new donation OR an increase over your 2022 donation will be matched by our Lilly Grant to increase our impact work.

□ PLEASE DIRECT MY DONATION TO...

	\$
AGENCY NAME	AMOUNT
	\$
AGENCY NAME	AMOUNT
omizicomizzo man (occ	designation policy on reverse side.)
UNITED WAY NAME	AMOUNT

AMOUNT



MY APPROVAL



AGENCY NAME

OR