

United Way of Cowlitz and Wahkiakum Counties Donation Form

P.O. Box 1336, Longview, WA 98632 360.423.5320 www.cowlitzunitedway.org

		Contact Information
First Name:		Last Name:
Business Name ((If applicable):	
Home Address:_		City:
State: Zip:_	Phone:	Email:
	ur donation remains anonym	Recognition ous, no public recognition.
	al Amount: \$	for date range / / 202 - / /202
Payroll ded	duction \$ Per Pay Period \$	# of Pay Periods
One-Time	Credit Card (Call 360.423.5	320 or visit www.cowlitzunitedway.org)
One-Time	Check (Payable to United Wa	y of Cowlitz & Wahkiakum Counties)
Bill Me Am	nount Per Invoice \$	X Frequency) One-time Monthly Quartely =Total Donation Amount
	How	do you want to invest in your community?
Please inve	est my money in the Commu	re your money invested. If nothing is selected, your money will go toward the Community Fund. Inity Fund for Health, Education & Financial Stability. Supports United Way initiative of health, eduction and financial stability.
	est my money in Kindergarte m children are prepared for ki	n Readiness to achieve the goal of ensuring that by 2032, 80% of Cowlitz & Indergarten.
Please inve		rton's Imagination Library providing free age-appropriate books to children in our
Please dire		on-profit (must be a 501(c)(3) organization. A processing fee is deducted
Phone	Aç	gency Address:
Thank	-you for donating to United	d Way of Cowlitz & Wahkiakum Counties and helping to improve lives.
Signature:		Date: