



1 Step 1 MY INFORMATION

Birth Date (month/day): _____ / _____

Check the box if you DO NOT want to receive our monthly enewsletter.

Name _____

First

Middle Initial

Last

Address Home Billing

City

State

Zip

Phone Home Cell Work

Email Home Work

Employer _____

Please check all that apply

Please acknowledge my donation as (if different than name above)

- My company will match my donation.
- I would like my donation to be anonymous.
- I am/will be retired. (Please provide your home phone and email above)

2 Step 2 MY GIFT TO OUR COMMUNITY

MY TOTAL ANNUAL PLEDGE: \$ _____

Easy Payroll Deduction*

Cash/Check (Please enclose payment)

Stock (Call 406-587-2194)

\$ _____ per pay period

Check # _____ Check date _____

× # _____ pay periods

Credit/Debit Card

(Pay online at greatergallatinunitedway.org/donate)

Optional

CHOOSE HOW TO INVEST IN YOUR COMMUNITY

Use Where Needed Most: Maximize my donation by investing in programs that support our entire community!

Priority Funds:

My gift should support programs and partners only in:

Youth Success Early Learning Basic Needs

Health & Mental Well-being kidsLINK Out-of-School Care Initiative

3 Step 3 SIGNATURE

(Required For Processing)

Signature _____

Date _____

Greater Gallatin United Way is a qualified 501(c)3 tax-exempt organization and donations are tax-deductible to the full extent of the law. No goods or services were provided for this gift. Please consult your tax advisor regarding specific questions about your deductions.

SKIP FILLING OUT THE FORM AND SCAN THE QR CODE INSTEAD



DONATE TODAY
EVERY GIFT COUNTS