

# United Way of Burlington County

# 2007 DONOR CHOICE FORM (OPTIONAL)

\*PLEASE NOTE A PLEDGE FORM MUST ALSO BE COMPLETED\*

Mr.  Mrs.  Ms. (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_  I do not wish to be contacted via email

Total Annual Gift (Required) \$ \_\_\_\_\_  Payroll Deduction  Cash/Check/Charge  Bill Me

## Community Impact Fund

# YES!

I want to make the most powerful contribution possible to make my community a stronger and safer place to live. My donation will go towards strengthening my community in the following ways: investing in children & youth, providing basic needs & responding to crisis, promoting independent living & self-sufficiency and strengthening families.

Annual Amount \$ \_\_\_\_\_



*If you choose one of the options below, please consider designating a portion of your gift to the Community Impact Fund. Thank you!*

### Optional: Targeted Care

Target my gift to local United Way funded programs that address the following needs:

Annual Amount \_\_\_\_\_

- Strengthening Families . . . . \$ \_\_\_\_\_
- Investing in Children & Youth \$ \_\_\_\_\_
- Providing Basic Needs & Responding to Crisis . . . . . \$ \_\_\_\_\_
- Promoting Independent Living & Self-Sufficiency . . . \$ \_\_\_\_\_

### Optional: Specific Agencies

Please send my gift to a specific United Way or other nonprofit agency:  
Annual Amount \$ \_\_\_\_\_

Name of other United Way or nonprofit agency \_\_\_\_\_

Name of other United Way or nonprofit agency \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_