



United Way of Southern Maryland

MY TOTAL GIFT:

Please direct my gift where it's needed most:

A gift to United Way of Southern Maryland improves lives for residents of the Tri-County area by promoting equity and increasing access to education, health, financial stability, and basic needs.

United Way of Southern Maryland

\$ _____

\$ _____

I want to direct my gift to United Way of Southern Maryland's:

Snack Sak Programs

\$ _____

I want to support another nonprofit:

\$ _____

Nonprofit Name: _____

Nonprofit Account Number (required): _____

Please visit <https://www.unitedwaysouthernmaryland.org/partner-agencies>

Minimum donation of \$10 is required for each designation, or it will be directed to United Way of Southern Maryland. Designations must be to a Certified United Way Agency

Choose Your Payment Method:

PAYROLL DEDUCTION

I wish to donate this amount each pay period:

\$5 \$10 \$20 Other: _____

Number of pay periods: _____

PERSONAL CHECK (Please attach check)

Make payable to: **United Way of Southern Maryland**

Mail to: **United Way of Southern Maryland**

P.O. BOX 2141

La Plata, MD 20646

Check Number: _____

CREDIT CARD (please visit website)



Other:

I wish to remain anonymous.

I wish to hear more about legacy giving.

I wish to volunteer.

MY INFORMATION: Your personal information will never be shared with anyone

FIRST NAME _____ M.I. _____ LAST NAME _____ SUFFIX _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSONAL EMAIL _____ PHONE NUMBER _____ BIRTH YEAR (YYYY) _____

EMPLOYER / DEPARTMENT / OFFICE _____

I IDENTIFY AS

Male Female Non-binary I choose not to identify

SIGN _____ DATE _____

x _____