

Create a Legacy. Change Lives.

**Yes, I would like to support
the United Way of Comal County Impact Fund**

My Gift:

One-Time Gift

- ☐ \$100,000
- ☐ \$25,000
- ☐ \$10,000
- ☐ \$7,500
- ☐ \$5,000
- ☐ \$1,000
- ☐ Other

Recurring Gift

Amount per Occurrence: \$ _____

Frequency:

- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
- ☐ Annually

Number of Installments _____

Total Amount: \$ _____

I would like to dedicate this donation:

☐ In Memory Of

☐ In Honor Of

Tribute Name: _____

Send Notification To:

Title: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Payment Type:

☐ Check

☐ Credit Card

Cardholder Name: _____

Card Number: _____

MM/YY: _____ CVV: _____

Signature Authorizing this payment

X _____



UNITED WAY

Comal and
Guadalupe Counties

BETTER TOGETHER

Comal and Guadalupe Counties.



UNITED WAY

Comal and
Guadalupe Counties

First Name

M.I.

Last Name

Home Address

City

State

Zip

Phone

Email

Employee I.D.

MY GIFT

☐ Payroll Deduction

Number of pay periods

Amount per pay period

Total

☐ Credit Card

One-time donation. Please visit pledgeuw.org for payment or call 830.620.7760.

Total

☐ Cash or Check

Check number. Please attach and make checks payable to United Way.

Total

SIGNATURE

Date

INVEST MY GIFT (OPTIONAL)

☐ Invest my total gift across **all United Way's Impact Areas**

☐ Preparing young **children** for life. \$ _____

☐ Helping **students** succeed. \$ _____

☐ Fostering self-sufficiency for **individuals & families**. \$ _____

☐ Supporting people in **crisis**. \$ _____

☐ I want to support United Way
Impact and Community Partners by
designating my gift:

