

# United Way of Franklin County

PO Box 1544 – Frankfort, KY 40602

PH# 502-875-1675 / FX# 875-8300 / www.unitedwayfranklincounty.org

## Community Investment Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

**Total Annual Gift \$** \_\_\_\_\_

(Giving is a personal decision; no form of coercion is acceptable to the United Way of Franklin County. No goods or services were provided by UWFC in exchange for this contribution.)

### Acknowledgement of Gift:

- Yes. You may release my name and gift amount to the causes I support, and I wish to be acknowledged for my gift.
- No. Do not release my name or gift amount except for United Way record keeping. I do not wish to be acknowledged.

### Method of Payment (Select One and Complete Corresponding Section If Applicable)

**Bill me \$** \_\_\_\_\_ **to be deducted** \_\_\_ **Monthly** \_\_\_ **Quarterly** \_\_\_ **Annually** (\$25 minimum please)

**Credit Card:** \_\_\_ **Visa** \_\_\_ **M/C** \_\_\_ **AMEX** **Acct #** \_\_\_\_\_ **Expiration:** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal Check** made payable to United Way of Franklin County or **Cash** Enclosed

**Bank-O-Matic** \$ \_\_\_\_\_ **to be deducted** \_\_\_ **Monthly** \_\_\_ **Quarterly** (\$25 minimum please)

**Institution:** \_\_\_\_\_ **Acct#** \_\_\_\_\_ **Routing #** \_\_\_\_\_

(If requesting Bank-O-Matic, please review the following statement and fill in all information below. Thank you.)

I do hereby authorize UWFC, hereinafter called Organization, to initiate debit entries to my (our) \_\_\_ **Checking** \_\_\_ **Savings Account (select one)** indicated above and the financial institution named above, hereinafter called Institution, to debit the same to such account. This authority is to remain in full force and affect as indicated here or until Organization and Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Organization and Institution a reasonable opportunity to act on it.

**DL / State ID #** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**If you would like information on how to become a United Way of Franklin County volunteer, please call us at 502-875-1675. Thank you for your contribution!**