

**1 PERSONAL INFORMATION**

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (For credit card charges, address listed above must be your billing address)			CITY
STATE	ZIP CODE	HOME PHONE	DAYTIME /WORK PHONE
DATE OF BIRTH (OPTIONAL)			

Please provide your home email address so we can show you how your contribution is making a difference and providing opportunities to GIVE.ADVOCATE.VOLUNTEER.

HOME EMAIL ADDRESS

**2 PLEASE INDICATE HOW MUCH YOU WISH TO CONTRIBUTE**

**PAYROLL GIVING**

I want to contribute the following amount each pay period:

<input type="checkbox"/> \$1	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5
<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25

Other \$ \_\_\_\_\_

**X 12 pay periods =  
MY TOTAL ANNUAL GIFT:**

\$ \_\_\_\_\_

**ONE TIME GIFT**

AMOUNT \$ \_\_\_\_\_

One time gift to be paid by :

Cash     Personal Check  
Check # \_\_\_\_\_

**LEADERSHIP GIVING**

My gift, either alone or in combination with another in my household, qualifies me as a member of the Leadership Society.

\$500.00 Leadership Giving Society  
 \$10,000.00 Tocqueville Society

My gift is combined with that of: \_\_\_\_\_

Please list me/us in printed material as:

Name(s): \_\_\_\_\_

Company(ies): \_\_\_\_\_

I prefer that my gift remain anonymous

**3 PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY**

**OPTION A - UNITED WAY OF FRESNO COUNTY**

Your gift will support the widest range of services to help people in our community

~~\$1 invested in this fund = \$11 invested in our community~~

**EDUCATION**

HELPING CHILDREN AND YOUTH REACH THEIR FULL POTENTIAL

- Help increase high school graduation rate
- Free books provided to school districts and adult literacy programs
- Access to computer and lowest internet for qualified students and families

**INCOME**

FINANCIAL STABILITY AND INDEPENDENCE FOR INDIVIDUALS AND FAMILIES

- Free income tax preparation
- Free checking accounts at partner banks
- Free foreclosure prevention counseling
- Free first-time home buyer counseling
- Free home loan modification assistance
- Free financial planning assistance

**HEALTH**

INDIVIDUALS ACHIEVE ACCESS AND RESOURCES TO GAIN AND SUSTAIN GOOD HEALTH

- Prevent risky behavior
- Prevent childhood obesity
- Access to healthy foods
- Access to low-cost prescriptions

OPTION A AMOUNT PER PAY PERIOD: \_\_\_\_\_

**OPTION B - DESIGNATED ORGANIZATION**

You may choose to give to any 501(c) (3) (\$25.00 minimum annual gift per agency)

Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

OPTION B AMOUNT PER PAY PERIOD: \_\_\_\_\_

- FUSD Scholarship Fund  
 Project Access  
 Men's Alliance

OPTION A AMOUNT PER PAY PERIOD: _____	+	OPTION B AMOUNT PER PAY PERIOD: _____	X	NUMBER OF PAY PERIODS: 12	=	TOTAL ANNUAL GIFT: _____
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I understand that my payroll giving will continue until I advise Fresno Unified School District Payroll Office to discontinue my donation.

Signature (To authorize your gift) \_\_\_\_\_ Date \_\_\_\_\_