

2009-2010 United Way Donation:

I do not wish to contribute to the campaign.

Please distribute my gift as follows:

\$  United Way of Mid Coast Maine – Community Fund: Helping the most people community-wide

I would like my United Way gift/pledge designated to the following organizations: (optional)

Targeted Care: \$ \_\_\_\_\_ Meeting Basic Needs/Safety Net  
\$ \_\_\_\_\_ A Safe & Healthy Community  
\$ \_\_\_\_\_ Success By 6: Early Childhood  
\$ \_\_\_\_\_ Youth & Lifelong Learning



Specific Care: I would like my United Way gift designated to these organizations: (optional)

\$ \_\_\_\_\_ Agency: \_\_\_\_\_  
\$ \_\_\_\_\_ Agency: \_\_\_\_\_  
\$ \_\_\_\_\_ Agency: \_\_\_\_\_

Another United Way:

\$ \_\_\_\_\_ United Way of \_\_\_\_\_

## PLEASE TURN FORM OVER TO MAKE A PLEDGE TO MAINESHARE

Payment Options:

PAYROLL DEDUCTION: I authorize Bowdoin to deduct the following amount **per pay period** from my 2011 paychecks:  
 \$1  \$2  \$5  \$10  \$20  Other \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(# of Pay Periods) (Total Annual Gift to United Way)

REQUIRED DONOR

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECT PAYMENT: I prefer to give directly. Enclosed is a check in the amount of \$ \_\_\_\_\_  
(Please make checks payable to United Way)

Please charge my credit card: \$ \_\_\_\_\_  
 Visa  Mastercard  American Express  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am a Joint Donor with \_\_\_\_\_  
(person's name, organization, pledge if known)

Please check one:

- Please do not mail me an acknowledgment of any kind.  
 Please mail me acknowledgments from United Way and member agencies I have designated.

Please complete and return in the enclosed envelope to Human Resources, Attn: Ann Michaud, no later than 10/29/10

