

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Employer: _____

Daytime Phone: _____

**United Way
of Clinton County, Iowa**



405 S 3rd St Ste 200 • Clinton, Iowa 52732 • 563.242.1209 • administrator@clintonunitedway.org

Contributor's Signature

LEADERSHIP GIVING

Your individual or family gift of \$250 or more qualifies for leadership giving status.

Please list my/our name(s) as:

 I prefer my gift remain anonymous

CASH OR BILLED CONTRIBUTION

Cash or a check in the amount of \$ _____ is attached

Please bill me for \$ _____ at the address listed as follows:

- Once on _____
- Quarterly beginning _____
- Monthly Beginning _____
- Other _____

Credit card option at www.clintonunitedway.org