

THE UNITED WAY ENDOWMENT FUND

Enclosed is my/our gift of:

(Make checks payable to United Way of Etowah County)

\$25 \$50 \$100 Other: \$ _____

Check Please charge my donation to my credit/debit card

Visa MasterCard American Express Discover

Card Number: _____

Exp Date: _____

Signature: _____

Name(s): _____

Daytime Phone: _____ Date: _____

Address: _____

City/State/Zip _____

Please complete this section for gift

Appreciation Best Wish

Happy Anniversary Congratul

Happy Birthday Honor

Memorial Other

Gift given in name of: *(please print)*

Acknowledge to: _____

Address: _____

City/State/Zip _____

From: _____

Address: _____

City/State/Zip _____

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