



# YES, I WOULD LIKE TO SUPPORT UNITED WAY OF BROWARD COUNTY.

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

Donation amount:

- \$365     \$1,000     \$2,000     \$5,000  
 \$10,000     Other

My check payable to United Way of Broward County enclosed

Please charge my gift to my credit card

- Visa     MasterCard     AMEX     Discover

In installments of \$ \_\_\_\_\_ Beginning on \_\_\_\_\_

- Monthly     Quarterly     Yearly     One-Time

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

**Please help us keep our records up to date by providing your preferred recognition name:**

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

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_





# \$365

Provides 365 fresh and nutritious meals, which include fresh fruit, vegetables and proteins



# \$1,000

Provides 50 low-income families with quality childcare



# \$2,000

Assists a Veteran with one month of rent during a financial crisis



# \$5,000

Enables 20 teens to attend the Youth Leadership Institute



# \$10,000

Provides the ReadingPals program in one elementary school

Where there's a need,  
there's **United Way.**



Ansin Building

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