

### MEMBERSHIP INFORMATION

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ORGANIZATION/EMPLOYER \_\_\_\_\_

SPOUSE NAME (if applicable) \_\_\_\_\_

PUBLISH NAME (how you wish your name to appear in recognition materials; you may also choose "anonymous") \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_ TELEPHONE (work) \_\_\_\_\_ TELEPHONE (cell) \_\_\_\_\_

EMAIL ADDRESS (work) \_\_\_\_\_ EMAIL ADDRESS (personal) \_\_\_\_\_

### MEMBERSHIP LEVELS

### METHOD OF CONTRIBUTION

Gift Amount \$ \_\_\_\_\_

GIVING LEVELS	GIFT RANGE
<input type="radio"/> La Société Nationale	\$100,000-\$249,999
<input type="radio"/> Ordre de Fraternité	\$75,000-\$99,999
<input type="radio"/> Ordre d'Égalité	\$50,000-\$74,999
<input type="radio"/> Ordre de Liberté	\$25,000-\$49,999
<input type="radio"/> Ordre de Commettre	\$20,000-\$24,999
<input type="radio"/> Patrons de la Société	\$15,000-\$19,999
<input type="radio"/> Membres de la Société	\$10,000-\$14,999

-OR-

I/we do not wish to join at this time but would like to support the work of Heart of Missouri United Way with a gift of: \$ \_\_\_\_\_

**Gift enclosed** (check payable to Heart of Missouri United Way)

**Annual payroll deduction**

**Securities & stocks** (Please call (573-443-4523))

**Please invoice me:**

- Once in: \_\_\_\_\_ (month) \_\_\_\_\_ (year)
- Quarterly beginning January
- Other: \_\_\_\_\_

**Credit Card**

- Visa  MasterCard  American Express  Discover

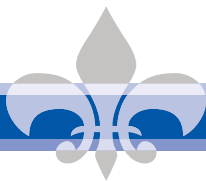
Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Please process:

- Upon receipt
- Once on: \_\_\_\_\_ (date) \_\_\_\_\_ (year)
- Monthly beginning in January
- Quarterly beginning in January

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



### PLANNED GIVING

Please remember Heart of Missouri United Way in your will or estate plan.

- I have included United Way in my will/estate plan already.
- I would like additional information on including United Way in my will/estate plan.