

United Way of Southern Illinois
2018-19 CAMPAIGN



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I prefer to support programs in: (gifts default to your home zip code)	<input type="checkbox"/> County or Zip Code _____ <input type="checkbox"/> Regional - Southern Illinois	
Please designate my gift: (\$25 minimum) <input type="checkbox"/> In Memory or <input type="checkbox"/> In Honor of: _____	<input type="checkbox"/> Program Designation(s) _____ -- _____ \$ _____ _____ -- _____ \$ _____ _____ -- _____ \$ _____ _____ -- _____ \$ _____	<input type="checkbox"/> 2-1-1 <input type="checkbox"/> Holiday Helping Hands Program <input type="checkbox"/> SI Disaster Relief Fund
Help us go paperless! EMAIL:		
Enclosed is my donation of:	<input type="checkbox"/> I authorize UWSI to release my information to the charities indicated above.	
\$ _____ ANNUAL GIFT <input type="checkbox"/> One Time <input type="checkbox"/> Check <input type="checkbox"/> Bill Me <input type="checkbox"/> Online donation <input type="checkbox"/> Gave @ work: _____	Charge: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card# _____ Exp. Date: _____ / _____ CVN# _____ 3 or 4 digit # on card Authorized Signature: _____	

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