

Reimagine Your Impact



of Chatham County

YES, I WANT TO HELP!

Please Print

Name: _____

Employer: Chatham Hospital

Email: _____

Home Address: _____

GIFT ENCLOSED

I am attaching my gift of \$ _____.

_____ Cash

_____ Check (Please make payable to United Way of Chatham County.)

SIGNATURE: _____ **DATE:** _____

We must have your signature for audit purposes. Thank you!

You may designate all / none (circle one) of your gift to a specific human service nonprofit agency or another United Way. (\$25 minimum to designate)

To: _____ Amount: _____

Thank you for your pledge. No significant goods or services have been provided in return for this contribution. Financial information about this organization and a copy of its license is available from the State Solicitation Licensing Branch at (919) 807-2214. This license is not an endorsement by the state.

Batch: _____ Entered: _____