

ENVELOPE# _____

FUNDS ENVELOPE

100 Parkwood Street • Lowell, AR 72745
(479) 750-1221 • www.unitedwaynwa.org

LIVE UNITED



**United Way
of Northwest Arkansas**
UnitedWayNWA.org

Company/Organization/Individual	Account #
Address, City, State, ZIP	

Source of Funding

- Direct Mail
 Date/Month _____
- Sponsorship
 Dip Jar
- Major Gift
 Special Event
- Grant

Type of Giving	Number of Gifts	Amount Paid	Amount Paid Now (Cash & Check Enclosed)
Credit Cards and Bill Me			
Fully Paid (Cash & Checks)			
Please indicate preferred billing start date and frequency: Corporate Gift For balance due, please bill: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> One-Time Will begin quarterly in January			
Grand Total In this envelope only (add lines 1-4)		#	\$

*Authorized Signature	_____	_____	_____	_____
	Name	Title	Phone	Date
United Way Staff/Ambassador	_____	_____	_____	_____
	Name	Title	Phone	Date

United Way Staff Routing - Internal Only

Company Employment Numbers				
_____	_____	_____	_____	_____
Envelope Date/Staff Member	Deposit Date/Staff Member	Credit Cards Run Date/Staff Member	Data Entry Date/Staff Member	Data to RD Date/Staff Member

If you have any questions, please call United Way at 479-750-1221