

# HEALTHCARE HEROES CIRCLE



United Way of Rutherford  
& Cannon Counties

The Healthcare Heroes Circle provides an opportunity for our healthcare community to support our local United Way and its efforts toward a big vision, the Bold Goals 2030, which outlines a ten-year plan for addressing mental health and substance abuse, early childhood success, obesity, housing affordability, and basic needs. Become a founding member of the Healthcare Heroes Circle, with a leadership-level gift of \$1,000 by December 4, 2020. Founding members will be recognized in a local publication in early 2021.

Mr.  Mrs.  Ms.  Dr. Full Name: \_\_\_\_\_

Employer/ Organization: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Must be the same as billing address if the desired payment method is credit card.)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(United Way only uses personal information to acknowledge your gift, provide necessary tax receipts, record donor demographics, etc.)

## DONOR RECOGNITION

Please combine my gift with my spouse or significant other. Names should be published as (ex- John and Jane Doe):

I wish to keep my gift anonymous  I have been a United Way supporter for \_\_\_\_\_ years.

### AUTOMATED BANK DRAFT

Deducted directly from your bank account beginning in 2021.

Select frequency :

Monthly  Quarterly  One-time

Installments of: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

(or attach a voided check)

Total \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Frequency      Installment Amount      Total

### ONE-TIME GIFT OF \$ \_\_\_\_\_

Select method of payment.

Credit card (\$25 minimum) You may provide your credit card information below OR visit [yourlocaluw.org/workplacegiving](http://yourlocaluw.org/workplacegiving) to process your payment online and attach a copy of your receipt to this form.

Credit Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Personal check (attached) Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a copy for your records.

SIGNATURE: \_\_\_\_\_

REQUIRED

DATE: \_\_\_\_\_