

You can also make your gift online at web.mit.edu/community-giving. Thanks for your donation.

Title (Mr./Ms./Mrs./Dr./Prof.) _____ Full name _____

Office address _____ Department name _____ MIT ID # _____

Campus Lincoln Lab Retired I am paid: Monthly Weekly Pension

Full home address (optional) _____

MIT Community Service Fund Supporting MIT student, faculty, staff, and retiree volunteers in community service projects.

I would like to donate \$ _____ to the MIT Community Service Fund.

Payment options

Payroll Deduction (deductions begin January 2009)
 I want to contribute the following amount each pay period: \$100 \$50 \$25 \$15 \$10 \$5 Other \$ _____
 Number of pay periods I wish to contribute: Weekly (52) Monthly (12) Other _____

I've enclosed a check made payable to the **MIT Community Service Fund**.

Securities (please call the MIT Recording Secretary's Office at 617.253.5052)

To give by credit card, please visit MIT's secure giving site: web.mit.edu/community-giving

United Way of Massachusetts Bay and Merrimack Valley

I would like to donate \$ _____ to United Way of Massachusetts Bay and Merrimack Valley.

Payment options

Payroll Deduction (deductions begin January 2009)
 I want to contribute the following amount each pay period: \$100 \$50 \$25 \$15 \$10 \$5 Other \$ _____
 Number of pay periods I wish to contribute: Weekly (52) Monthly (12) Other _____

I've enclosed a check made payable to **United Way of Massachusetts Bay and Merrimack Valley**.

Securities (please call the United Way at 617.624.8229)

To give by credit card, please visit MIT's secure giving site: web.mit.edu/community-giving

Please direct my gift to one or more of the following United Way Impact Areas:

- Community Impact Fund:** United Way's portfolio of supported agencies
 - Affordable Housing
 - Healthy Child Development
 - Math, Science, and Technology Initiative
 - Sustainable Employment
- I want to donate to a specific United Way supported agency: _____ Code _____
- I want to exclude my gift from a United Way supported agency: _____ Code _____

Visit <http://agency.supportunitedway.org/agency-list> for a list and description of supported agencies and their codes.

I authorize the release of my name and contact information to receive communications from the United Way.

I do not want to receive a donation acknowledgement to be used for tax deduction purposes.

Your Favorite Local Charity Contribute directly to one or more of your favorite local 501(c)(3) health or human services agency(ies).

I would like to donate \$ _____ to Name of agency(ies): _____

Full address _____

Payment options

Payroll Deduction (deductions begin January 2009)
 I want to contribute the following amount each pay period: \$100 \$50 \$25 \$15 \$10 \$5 Other \$ _____
 Number of pay periods I wish to contribute: Weekly (52) Monthly (12) Other _____

I've enclosed a check made payable to the agency of my choice. (MIT will send the check to the agency on your behalf.)

To give by credit card, please visit MIT's secure giving site: web.mit.edu/community-giving

I authorize the release of my name and contact information to receive communications from the agency.

I do not want to receive a donation acknowledgement from the recipient organization(s) to be used for tax deduction purposes.

Signature _____ Date _____

