

LIVE UNITED™

Company
Name

2010
Investment

\$

2011
Investment

\$

Method of Payment

Cash or Check Enclosed

Please make checks payable to United Way of Greater Topeka

Credit Card

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Direct Billing

Please bill me:

Once: to be billed: _____ / _____

Monthly

Quarterly (January, April, July, October)

Semiannually (January and July)

For billing questions:

Contact name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

**United Way
of Greater Topeka**



Mail to:

United Way of Greater Topeka

1315 SW Arrowhead Road

Topeka, KS 66604

785.273.4804