

Caring Club® Member Registration Form

Yes, I want to join the *Caring Club*® by contributing to the Mesa United Way! I understand that my contribution of at least \$120 to the Mesa United Way Community Chest will entitle me to discounts offered by *Caring Club*® Merchants in and around the Mesa area.

My *Caring Club*® card will be mailed to my home address listed below.

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Email Address _____

Company Name (if applicable) _____

Signature _____ Date _____ Total Gift \$ _____

Check Enclosed or Credit Card Number _____

Expiration Date ___/___ Billing Zip Code _____

Optional - You can designate your contribution to one or more of the following focus areas.

Basic Needs \$ _____ Education \$ _____ OR

Health \$ _____ Self Reliance \$ _____ ALL focus areas \$ _____

Charitable Tax Credit (Assistance to the Working Poor) * \$ _____

* Up to \$200 (\$400 for married couples) of donated funds may qualify under the State of Arizona's "Credit for Contributions to Charitable Organizations That Provide Assistance to the Working Poor" (see Arizona Department of Revenue Pub 710).

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