

**MY INFORMATION**

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_ Birthdate (m/d/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

**MY GIFT TO MY COMMUNITY**

Easy Payroll Deduction

**A. My contribution per pay period:**  
 \$45  \$25  \$15  Other \$ \_\_\_\_\_  
**B. Pay periods per year:**  
 Weekly (52)  Semi-monthly (24)  
 Bi-weekly (26)  Monthly (12)  
 Other \_\_\_\_\_  
**C. Total annual pledge:**  
 \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 per pay amt. # pay periods total gift amount

Direct Gift

**A. Amount:** \$ \_\_\_\_\_  
**B. Payment:**  Cash (enclosed)  Check (enclosed)  
 Credit Card:  Visa  Mastercard  American Express  
 # \_\_\_\_\_ Exp (m/yr) \_\_\_\_/\_\_\_\_  
**C. Bill me:**  Quarterly  Semi-annually  One Time  
 (Billing option is available for gifts by credit card, cash or check; \$100 minimum donation required.)  
**D. Securities:** Shares/Stock \_\_\_\_\_  
 Brokerage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_  
**E. Donor Advised Fund** (Please call 330-746-8494 for stock gifts or donor advised fund)

**MY COMMUNITY IMPACT**

**A.  Community Care Fund: The BEST way to help!** Your gift supports all United Way of Youngstown and the Mahoning Valley's programs and initiatives, including Success by 6® and the impact areas below. Local volunteers carefully review community needs and distribute your investment as efficiently and effectively as possible.

**B.  Impact Areas:**

- Core Services:** Individuals' and families' basic needs for shelter, medical services, food, clothing, and safety are met.
- Nurturing Our Children:** All children ages 18 and under shall have the opportunity to have access to health and educational services to reach their full potential.
- Strengthening Individuals and Families:** Strengthen individuals and families by providing them with the coordinated support services they need to preserve and/or improve their quality of life, allowing them to live with dignity and independence in order to build a stronger, more sustainable community.

**C.  Local Non-Profit Agency:** \_\_\_\_\_  
 With my \$100 total annual gift, I may designate up to one-half to a specific non-profit organization that provides health and human services in the local area. The other half of my gift will support the Community Care Fund. If the agency I designate does not qualify as a local 501(c)3 health and human service organization, then my gift will automatically revert to the Community Care Fund.

**MY RECOGNITION**

We would like to acknowledge your annual commitment through one of our recognition levels. Please indicate your appropriate category as well as your preferred salutation. If your spouse/partner gives separately, you may combine gifts for joint recognition at a higher level. The new Women in Philanthropy program recognizes women's individual gifts of \$500 or joint gifts of \$1,000.

**A. Leadership Club:**  Tocqueville Society \$10,000 & up  Benefactor \$5,000-9,999  Partner \$2,500-4,999  Sponsor \$1,000-2,499

**B. Women in Philanthropy:**  \$500 or  I am a joint contributor in one of the Leadership Club levels above

**C. Loyal Contributor / Diamond Donor:**  I have been contributing to United Way for \_\_\_\_\_ years. (Diamond Donors = 25 years or more.)

**D. Legacy Society:**  I would like information on including the United Way in my will.  
 I have already made provisions for a charitable bequest or planned gift to United Way.

**E. Anonymous:**  I prefer my gift be made anonymously.

**E. Preferred Salutation (ex: Dr. Jonathan and Jane Doe):** \_\_\_\_\_

**MY AUTHORIZATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. We do not rent, trade or sell lists of donors. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer documentation showing the amount withheld and paid to a charitable organization. Please consult your tax advisor for more information.