

MY INFORMATION

MR/MRS/MS/DR FIRST NAME MI LAST NAME JR/SR DOB (MM / DD / YY)

HOME ADDRESS CITY STATE ZIP

PHONE: HOME WORK MOBILE EMAIL: HOME WORK

FOR RECOGNITION PURPOSES LIST MY/OUR NAME AS

YES, I'M IN A UNION.

- I am a first time donor to United Way
- I am a loyal donor (10+ years), giving since _____.
- Contact me about United Way's Planned Giving Program
- I wish to remain anonymous

MY GIFT TO MY COMMUNITY - Please choose A, B, or C below.

LEADERSHIP GIVING LEVELS *Tocqueville Society* \$10,000+ *Emerald* \$7,500+ *Platinum* \$5,000+ *Gold* \$3,000+ *Silver* \$2,000+ *Bronze* \$1,000+

Gifts of \$156 or more annually to the Community Fund qualify you for a Caring Club® Card and entitles you to discounts at area retailers.

Gifts of \$250 or more annually qualify you to join one or all of our Affinity Groups.

A **EASY PAYROLL DEDUCTION**

A total annual gift of \$ _____

I want to contribute the following amount each pay period:

\$50 \$20 \$10 \$6 \$3

Other \$ _____

I have _____ pay periods each year.
(12, 24, 26, 52 etc.)

B **DIRECT GIFT**

A direct gift of \$ _____

Direct gift to be paid by:

Cash/Check (enclosed)
Made payable to United Way of Greater Toledo

Stocks/Securities call 419-254-4667

Credit Card *Please include your information below.*

Monthly (Begins Jan.)

Quarterly (Begins Mar.)

One time on _____ (DATE)

C **BILL/INVOICE ME**

Bill me for a gift of \$ _____

Monthly (Begins Jan.)

Quarterly (Begins Mar.)

One time on _____ (DATE)

If different than above, please list your billing address:

ADDRESS

CITY ST ZIP

CREDIT CARD NUMBER

EXP. DATE SECURITY CODE

\$ **TOTAL AMOUNT (A+B+C)**

Invest my contribution to the Community Fund.
(Benefiting Lucas, Wood and Ottawa Counties to do the most good in Education, Income and Health.)

SIGN HERE: _____ **Date:** _____

THANK YOU!

OPTIONAL: *If you would like to designate a portion of your contribution, please indicate below.*

\$ _____ **EDUCATION:** *Increasing school readiness and ensuring student success.*

\$ _____ **INCOME:** *Linking residents to basic needs services and improving financial stability.*

\$ _____ **HEALTH:** *Promoting access to healthcare and healthy lifestyles.*

\$ _____ AGENCY NAME* CITY/STATE

\$ _____ AGENCY NAME* CITY/STATE

Please do not release my name and address to the nonprofit listed above.
*Agency eligible to receive tax deductible donations and compliant with the Patriot Act.

AFFINITY GROUPS: United Way Affinity Groups mobilize philanthropic volunteers to impact our community. By donating \$250 or more, you can join one, or all, today!

- African American Leadership Council of United Way
- United Way Emerging Leaders
- Women's Initiative of United Way
- I'm retired or retiring soon and would like to learn more about Retire United.

Learn more by visiting the "Get Involved" page at unitedwaytoledo.org

Questions? Call 419-254-4667
unitedwaytoledo.org

- United Way of Greater Toledo does not sell, trade, or disclose its donors' personal information.
- 15% of donations will be used to support fundraising and administrative costs.
- Please keep a copy of this pledge form to comply with IRS tax requirements.

