FOR UNITED WAY USE ONLY Organization # Account #



MY INFORMATION						
FIRST NAME L	LAST NAME CELL PHONE			FOR RECOGNITION PURPOSES, LIST		
		MY/OUR NAME AS:				
PERSONAL EMAIL		BIRTHDAY		l am a first time donor to United Way I am a loyal donor (10+ years), giving		
				l wish to remain anonymous		
HOME ADDRESS	С	ITY		STATE ZIP		
LEAVE A LEGACY		□ l'd like te ene	-l. ++-ff	a ana haran aharan manan manahiran kan aran kiran aran aran	lammad wift	
☐ I have included United Wa	y in my will or estate plan	i I'd like to spea	ak to a staff n	nember about potentially making a p	lanned gift	
MY IMPACT						
HOW WOULD YOU LIKE YOU	IIB GIET TO MAKE A DIEE	EPENCE2				
○ Invest my gift in United V			C	Focus my gift further:		
Support our comprehensive efforts to build a stronger community.				O Expand Education		
*All Community Impact dollars fund local programs, selected and evaluate community volunteers, to make the greatest impact possible			d by	O Grow Financial Stability		
			-	O Improve Health		
				O Provide Housing		
JOIN AN AFFINITY GROUP(S): United Way affinity groups allow like-minded people to connect and get involved in our community.						
African American Leadership Council: \$250+ Continue United (for current or soon-to-be retin			s): \$250+	Give the minimum donation amount in join one or more affinity groups. If you		
Emerging Leaders: \$250+				unable to give the minimum amount but are still interested in joining an affinity group, email		
Tocqueville Society: \$10,000+	To learn more, visit unite	edwaytoledo.org/affinity-gro	oups.	donor.services@unitedwaytoledo.org		
MY CONTRIBUTION						
	Please deduct this amount ea	ch pay period:	MV TOTA	I ANNIIAI CIETIC		
PAYROLL DEDUCTION	☐\$100 ☐\$50 ☐ \$20 ☐ Other \$		MY TOTAL ANNUAL GIFT IS:			
TATROLL DEDOCTION			 \$_	\$		
	(12, 24, 26, 52, etc.)		•			
	Cash/Check (enclosed) Make payable to United Way of Greater					
	1001 Madison Ave, Suite 100, Toledo OH 43604. Stocks/Securities: Call 419-254-4667. Credit Card: Please fill out field on the back of this form or visit unitedwaytoledo.org/donate		(OPTIONAL) I WOULD LIKE TO DESIGNATE ALL OR PART OF MY GIFT TO:			
DIRECT GIFT						
			AGENCY NAME			
	to give online.		OLT VIOTATE			
BILL/INVOICE ME	Monthly (Begins Jan.) Quarterly (Begins Mar.) One time on(DATE)		CITY/STATE \$			
DIEL/INVOIGE WIL			AMOUNT DES	GIGNATED		
▲ 🚜						

COMPLEX NEEDS REQUIRE UNITED SOLUTIONS

That's why United Way of Greater Toledo brings caring people together to support and fund a safety net of local resources - so everyone in our community can have **the opportunity to thrive**.

THE NEED:

100,000+

People in Lucas, Ottawa and Wood County are experiencing poverty or are unable to meet their basic needs

130,000

People are served by the programs you help us fund

86,000

People contacted 211 to get connected to health and human service resources

The need is still great, but we are committed to working together to meet it.

BY GIVING TO OUR COMMUNITY IMPACT STRATEGY, YOUR DOLLAR MAKES THE GREATEST DIFFERENCE FOR THE GREATEST NUMBER OF PEOPLE.

LAST YEAR, OUR COMMUNITY'S GENEROSITY HELPED US INVEST \$6.8 MILLION IN:



24

PROGRAMS THAT EXPAND EDUCATION



6

PROGRAMS THAT GROW FINANCIAL STABILITY



23

PROGRAMS THAT IMPROVE HEALTH



14

PROGRAMS THAT PROVIDE HOUSING

Will you give a gift to United Way today to help make sure everyone in our community has the opportunity to thrive?

Credit Card: Please share your information below or make	a secure donation online at unitedwaytoledo.org/donate			
MY TOTAL ANNUAL GIFT IS: \$	Charge my credit card: Monthly (Begins Jan.) Quarterly (Begins Mar.) One time on (DATE)			
Please list your billing address: ADDRESS	CREDIT CARD NUMBER			
CITY ST ZIP	EXP. DATE SECURITY CODE			
SIGN HERE:	Date:			