

MY INFORMATION

FIRST NAME _____ LAST NAME _____ CELL PHONE _____

FOR RECOGNITION PURPOSES, LIST MY / OUR NAME AS: _____

PERSONAL EMAIL _____ BIRTHDAY _____

I am a first time donor to United Way
 I am a loyal donor (10+ years), giving since _____
 I wish to remain anonymous

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

LEAVE A LEGACY

- I have included United Way in my will or estate plan I'd like to speak to a staff member about potentially making a planned gift

MY IMPACT

HOW WOULD YOU LIKE YOUR GIFT TO MAKE A DIFFERENCE?

- Invest my gift in United Way's **Community Impact Strategy**: Support our comprehensive efforts to build a stronger community.
- *All Community Impact dollars fund local programs, selected and evaluated by community volunteers, to make the greatest impact possible*
- Focus my gift further:
- Expand Education
 - Grow Financial Stability
 - Improve Health
 - 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 retirees): **\$250+**
- Emerging Leaders: **\$250+** Women's Initiative: **\$250+**
- Tocqueville Society: **\$10,000+** *To learn more, visit unitedwaytoledo.org/affinity-groups.*

Give the minimum donation amount listed to join one or more affinity groups. If you are unable to give the minimum amount but are still interested in joining an affinity group, email donor.services@unitedwaytoledo.org.

MY CONTRIBUTION

PAYROLL DEDUCTION

Please deduct this amount each pay period:
 \$100 \$50 \$20 Other \$ _____
 I have _____ pay periods each year.
(12, 24, 26, 52, etc.)

DIRECT GIFT

- Cash/Check (enclosed)
Make payable to United Way of Greater Toledo and mail to 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 to give online.

BILL/INVOICE ME

- Monthly (Begins Jan.) Quarterly (Begins Mar.)
- One time on _____ (DATE)

MY TOTAL ANNUAL GIFT IS:

\$ _____

(OPTIONAL) I WOULD LIKE TO DESIGNATE ALL OR PART OF MY GIFT TO:

AGENCY NAME _____

CITY/STATE _____

\$ _____

AMOUNT DESIGNATED

X SIGN HERE: _____ Date: _____

