

LIVE UNITED

United Way
of Delaware County



PO Box 319, Delaware, OH 43015
P: 614-436-UWAY (8929)
F: 614-846-2182
feedback@uwaydelaware.org
LiveUnitedDelawareCounty.org

Mr. Mrs. Ms. Other: _____ Employer: _____ Employee ID#: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Make the biggest impact possible – become a Leadership donor. By giving \$20 or more a week you can create powerful, positive change in people's lives.

PAYROLL DEDUCTION

\$ _____ per pay period x

- 24 (twice a month)
 26 (every two weeks)
 52 (every week)
 Other

ANNUAL TOTAL \$ _____

CASH/CHECK (enclosed)

ANNUAL TOTAL \$ _____

- Check (payable to United Way of Delaware County) Cash

Check# _____ Date _____

CREDIT CARD

ANNUAL TOTAL \$ _____

FREQUENCY:

- Visa Discover One Time on: _____ (Date)
 MasterCard American Express Quarterly

Card# _____ Exp. Date _____

BILL ME (minimum \$50)

ANNUAL TOTAL \$ _____

- One Time Quarterly Start Date _____

STOCK/SECURITIES TRANSFER

TOTAL \$ _____

Please call 614-436-UWAY(8929) for more information.

(See other side)

THE MOST POWERFUL WAY TO INVEST YOUR CONTRIBUTION

- UNITED WAY COMMUNITY FUND** This *recommended* way of pledging allows trained United Way volunteers to invest your dollars to more than two dozen agencies that are addressing local community needs and improving lives. These agencies meet strict standards, are heavily scrutinized and have proven fiscal and program results.

(Optional) IMPACT AREAS:

Education

Helping children and youth achieve their potential

Amount \$ _____

Income

Helping families become financially self-sufficient

Amount \$ _____

Health

Increasing access to physical and mental health services

Amount \$ _____

Essential Services

Responding to basic needs (food, shelter, emergency)

Amount \$ _____

(Optional) Direct Contribution (minimum of \$50) _____ Amount \$ _____
Name and Address of 501(c)(3) agency or other United Way _____

Please do not release my name to the organization designated above

I do not wish to be acknowledged for my designated contribution

INTERESTS

Check one or more boxes below to learn more about becoming involved with United Way of Delaware County:

Impact Team Volunteer

Women's Leadership Network

Young Professionals Network (YPN)

LEADERSHIP COMBINED GIVING

Yes, I want to combine my gift with my spouse/partner:

Spouse's Name: _____

Employer: _____

LEADERSHIP RECOGNITION

All donors will be listed as noted on other side of pledge form unless otherwise specified here. *(Please check only one)*

Please list my name as:

I wish to remain ANONYMOUS. By checking here, my name will not be published/printed.

Signature: _____ **Date:** _____

Please check the accuracy of all your entries. No goods or services were provided in exchange for this contribution. 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 document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Information provided to United Way is used only to record contributions and to communicate with donors. Information may be shared with agency(ies) to which designations are made for acknowledgment purposes, unless otherwise indicated. United Way respects the privacy of its contributors and does not rent, trade or sell its information.

THANK YOU!
Your contribution is an investment in your community.