

### 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 qualify you to be part of the Donor Appreciation Rewards Program, entitling you to deals at area cultural institutions. 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 \$ \_\_\_\_\_

(24 pay periods / year)

If different than above, please list your billing address:

ADDRESS

CITY ST ZIP

**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)

CREDIT CARD NUMBER

EXP. DATE SECURITY CODE

**C**  **BILL/INVOICE ME**

Bill me for a gift of \$ \_\_\_\_\_

Monthly (Begins Jan.)

Quarterly (Begins Mar.)

One time on \_\_\_\_\_ (DATE)

\$  **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, Financial Stability, Health and Housing.)

**SIGN HERE:** \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name above signifies your signature.

### 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.

\$ \_\_\_\_\_ **FINANCIAL STABILITY:** Linking residents to basic needs services and improving financial stability.

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

\$ \_\_\_\_\_ **HOUSING:** Ensuring individuals have access to safe, stable and affordable housing.

\$ \_\_\_\_\_ AGENCY NAME\* CITY/STATE

\$ \_\_\_\_\_ AGENCY NAME\* CITY/STATE

**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 Continue United.

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.