

For Company Use:

P.O. Box 18, Evansville, IN 47701  
812.422.4100

**LIVE UNITED**



United Way  
of Southwestern Indiana

EMPLOYEE ID: \_\_\_\_\_

**BECOME A LEADERSHIP DONOR!**  
It only takes \$20 a week to change lives.  
See Leadership Giving below for details.

**1**

**DONOR INFORMATION**

MR  MS  MRS  DR  OTHER

FIRST NAME

MI

LAST NAME

HOME ADDRESS (United Way respects your privacy. We never sell or trade donor information. We release it only for recognition purposes.)

CITY

STATE

ZIP

TELEPHONE

HOME  WORK

EMPLOYER

E-MAIL ADDRESS

HOME  WORK

- I would like to receive periodic e-mail updates about how my donation is helping our community.
- I am age 40 or under & would like to receive the Young Leaders United (YLU) e-newsletter and invitations to events (e-mail required).

**2**

**GIFT AMOUNT & SIGNATURE** If you wish to designate your gift, you must complete a Donor Option form.

MY TOTAL GIFT IS \$ \_\_\_\_\_ SIGNATURE (required) \_\_\_\_\_ Date \_\_\_\_\_

**3**

**PAYMENT OPTIONS**

• **PAYROLL DEDUCTION:** Please consider pledging your "FAIR SHARE", which is 1 hour pay per month.

I want to give \$ \_\_\_\_\_ per pay period

I am paid (per year):  12 times  15 times  24 times  26 times  52 times

I want to give a one time gift of \$ \_\_\_\_\_, to be deducted on (date) \_\_\_\_\_

**or**

• **CASH OR CHECK:** Check # \_\_\_\_\_ Check Date \_\_\_\_\_ (Make checks payable to United Way of SW IN.)

**or**

• **CREDIT CARD/BILL DIRECT:** For your protection we can only accept your credit card information by phone.  
Please call 812-421-7481 or 812-421-7476.

**4**

**LEADERSHIP GIVING:** Check all that apply to your Gift, IF APPLICABLE.

- KEEL CLUB:** \$1,000 or greater
- ALEXIS de TOCQUEVILLE SOCIETY:** \$10,000 or greater
- YOUNG LEADERS UNITED:** \$500 or greater

**MY GIFT - or my gift in combination with my spouse - qualifies me/us for invitations to SPECIAL EVENTS and RECOGNITION as a Keel, Alexis de Tocqueville and/or Young Leaders United member.**

Please list my/our name(s) as follows: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Workplace \_\_\_\_\_

For tax purposes, if you select payroll deduction, keep a copy of this form and your last paystub of the year in accordance with IRS requirements. No goods or services were provided to you in exchange for this gift.