

For Company Use:

EMPLOYEE ID: _____

P.O. Box 18, Evansville, IN 47701
812.422.4100
www.unitedwayswi.org

LIVE UNITED



United Way
of Southwestern Indiana

BECOME A LEADERSHIP DONOR!

It only takes \$20 a week to change lives.

See Leadership Giving below for details.

1 YOUR INFORMATION *Please Print*

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 CELL WORK HOME PERSONAL E-MAIL ADDRESS WORK E-MAIL ADDRESS

EMPLOYER BIRTH DATE

- I am age 40 or under & would like to receive the Young Leaders United (YLU) e-newsletter & invitations to events (e-mail required).
- I have been contributing to United Way for over 20 years.
- I would like information on how to include United Way in my will to leave a lasting legacy.
- I prefer my gift remain anonymous.

Even Spare Change Can Change Lives

\$2.04 per pay (\$53/yr) = one night of domestic violence shelter including food, clothing, supplies, and crisis counseling

\$2.88 per pay (\$75/yr) = one day of child care for a child in a crisis situation (abuse or neglect)

\$3.77 per pay (\$98/yr) = 18 hours of one-on-one reading tutoring over a six week period for a child in school

2 LEADERSHIP GIVING: *Check all that apply to your gift, if applicable.*

- Keel Club - \$1,000 or greater annual gift** Ensign \$1,000-\$1,499
Captain \$1,500-\$2,499 Commodore \$2,500-\$4,999 Admiral \$5,000-\$9,999
- Alexis de Tocqueville Society - \$10,000 or greater annual gift**
- Young Leaders United Leadership Donor - \$500 annual gift** (under age 40)
- My Gift should be combined with** _____.

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

Spouse's Name: _____ Spouse's Workplace: _____

3 PAYMENT OPTIONS

• **PAYROLL DEDUCTION:** Please consider pledging 1 hour per 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

• **BILL DIRECT:** I would like a direct bill sent on _____ (date). \$10 minimum. (Mailing address required.)

or

• **CREDIT CARD:** You can securely and safely donate on our website (www.unitedwayswi.org); or call 812-421-7481 or 812-437-1842.

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

SIGNATURE (required) _____ MY TOTAL GIFT IS \$ _____ DATE _____

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.