

1 My Information Please complete ALL sections of this form and return to your campaign manager/supervisor or to United Way. All information is confidential.

PREFIX _____ FIRST NAME _____ MI _____ LAST NAME _____

COMPANY NAME _____

HOME ADDRESS (For Direct Billing, address listed must be your billing address) _____ CITY _____

STATE _____ ZIP _____ WORK PHONE _____

E-MAIL ADDRESS _____ HOME PHONE _____

Please send me United Way's E-Newsletter

Please tell me how to include United Way of the Ozarks in my will or estate plan

Please tell me more about volunteer opportunities in my community

2 My Contribution

EASY PAYROLL DEDUCTION - the simplest way to give

- A. My pledge per pay period
- \$40 \$25
- \$19 \$13
- \$7 \$2
- Other \$ _____
- B. Number of pay periods
- Weekly (52)
- Biweekly (26)
- Semimonthly (24)
- Monthly (12)

Total Payroll deduction is A x B = \$ _____

Loyal Contributors

I am a Loyal Contributor

I have given to United Way for (not necessarily consecutive):

5-9 years 10-19 years 20+ years

OTHER WAYS TO GIVE

- My pledge of \$ _____ to be paid as follows:
- Cash
- Check (payable to United Way of the Ozarks) Check # _____
- Stocks/Securities (Please call 417-863-7700)
- Bill me --Starting in January bill me at above address:
- Monthly Quarterly Semi-Annually Annually

Leadership Donors

MY GIFT OF \$1,000 OR MORE QUALIFIES ME AS A LEADERSHIP DONOR.

AMOUNT \$ _____

Combined Spouse's gifts totaling \$1,000 or more also qualifies for Leadership Giving

Please list my/our name(s) as _____

I prefer that my gift remain anonymous.

Spouse's Name _____ Spouse's Gift \$ _____

Spouse's Employer _____

3 My Donation

I CHOOSE TO MAKE A DIFFERENCE IN MY COMMUNITY THROUGH THE

- UNITED WAY COMMUNITY INVESTMENT FUND**
- The Community Investment Fund is the most powerful way to help. Your donation gives children a chance to succeed, and families and individuals an opportunity to be healthy and to thrive.

AND/OR I PREFER TO FOCUS MY GIFT IN:

- Women's Initiative - FLIP (Female Leaders in Philanthropy)
Focus on critical issues that affect women and children
- Designated Contribution
- A United Way of the Ozarks Partner Agency or Initiative
- Amount \$ _____
- Agency or Initiative Name _____

DOLLY PARTON'S IMAGINATION LIBRARY

- In addition to my United Way pledge, I choose to sponsor a child for a year, by adding a one-time gift of \$25 for Dolly Parton's Imagination Library.
- Please add a one-time payroll deduction of \$25
- My \$25 donation is attached CK # _____
- Please Bill me \$25
(Home Billing address completed above)

Signature _____ Date _____

Contributor to keep a copy for personal tax records

Please keep the pink copy of this form for your tax records. For payroll deduction, you may also need a copy of your pay stub, W-2 or other employer document furnished by your employer showing amount withheld. United Way of the Ozarks does not provide goods or services to its donors in return for contributions. Consult your tax advisor for more information.

United Way of the Ozarks
320 N. Jefferson
Springfield, MO 65806
417-863-7700



THANK YOU!



**GIVE.
ADVOCATE.
VOLUNTEER.**