

# 2018-19 GIVING FORM

## STEP 1: PLEASE TELL US ABOUT YOURSELF

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

HOME ADDRESS (REQUIRED FOR CARING CLUB) \_\_\_\_\_

DOB (MM/DD/YYYY) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SSN (LAST 4 DIGITS) \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME EMAIL (REQUIRED FOR CARING CLUB) \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK ZIP CODE \_\_\_\_\_

I am a member of a labor union: \_\_\_\_\_ GENDER:  Male  Female  OtherYears giving to United Way:  New donor  5-10  11+ETHNICITY:  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White

## STEP 2: MAKE YOUR CONTRIBUTION

TOTAL CONTRIBUTION: \$ \_\_\_\_\_ OR \_\_\_\_\_ % OF SALARY.

Any gift of \$250 or more, designated to United Way or one of our three impact areas, qualifies you for Caring Club membership.

As a member you'll receive discounts around town. Your personal email and home address are required.

### PAYMENT METHOD

 EASY PAYROLL DEDUCTION

\$ \_\_\_\_\_ Per pay period

 ONE-TIME CONTRIBUTION (ENCLOSED) Check (made payable to United Way)  Cash PLEASE BILL ME:  Once  Monthly  Quarterly

BEGIN BILLING Month \_\_\_\_\_ Year \_\_\_\_\_

 I INTEND TO RECOMMEND A DISTRIBUTION FROM A DONOR-ADVISED FUND IN THE AMOUNT OF:

\$ \_\_\_\_\_ FUND NAME: \_\_\_\_\_

 CREDIT/DEBIT CARD; AUTOMATIC WITHDRAWAL FROM BANK; STOCKS/SECURITIES

Please complete and submit this form and call UWGKC at (816) 559-4627

### CUSTOMIZE YOUR CONTRIBUTION

 Direct all or part of my contribution to the United Way impact area(s) I feel most strongly about: HEALTH \$ \_\_\_\_\_  EDUCATION \$ \_\_\_\_\_  FINANCIAL STABILITY \$ \_\_\_\_\_ THIS IS A JOINT CONTRIBUTION WITH MY SPOUSE/PARTNER

Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_ Spouse/Partner Email: \_\_\_\_\_

 I WOULD LIKE TO JOIN ONE OF UNITED WAY'S DONOR NETWORKS Tocqueville Society  
\$10,000 and above annual contribution  
*Join this distinguished giving society* Women United  
\$2,400 and above annual contribution  
*Philanthropic women focused on education* LeadUnited (includes AALI/LLI/YLS)  
\$1,200 to \$9,999 annual contribution  
*Make meaningful connections and create change* LINC  
\$250 to \$1,200 annual contribution  
*Socialanthropy™ for professionals under age 30* I am interested in learning about including United Way in my estate plans. Contact me at: \_\_\_\_\_

PHONE

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE LIST ME/US IN UNITED WAY PUBLICATIONS AS: \_\_\_\_\_

Please return completed form to your Employee Campaign Manager or send to:  
United Way of Greater Kansas City / P.O. Box 871400 / Kansas City, MO 64187-1400

United Way  
of Greater Kansas City



Your contribution is tax-deductible; United Way does not provide any goods or services in exchange for contributions. For your tax records, the IRS requires you to keep a copy of this form along with your payroll receipt, W-2 or other employer documents to verify any payroll amount withheld and paid to United Way. United Way of Greater Kansas City will provide a receipt for all non-payroll deduction gifts of \$250 or more. If you wish to specify a donor-directed contribution, please ask your company's Employee Campaign Manager for a donor-directed contribution form. Donor-directed forms must be signed by the donor and submitted with this completed form. For United Way's privacy policy, please visit [www.unitedwaygkc.org/about/privacy](http://www.unitedwaygkc.org/about/privacy)