# UNITED WAY CAMPAIGN GIVING FORM

#### **STEP 1: YOUR INFORMATION**

ME (First, Middle Initial, Last)  GIFT LISTED AS (Include Partner Name if Desired)				TITLE (Mr./Mrs./Ms./Dr.)	
HOME ADDRESS				DOB (MM/DD/YYYY)	
CITY, STATE, ZIP					
PERSONAL PHONE		WORK PHONE			
PERSONAL EMAIL  Preferred Email		WORK EMAIL DP	referred Email		
EMPLOYER	aign			WORK ZIP CODE	
☐ Yes ☐ No					
GENDER: O Male O Female O Non-binary O	Prefer not to specify				
☐ I am a member of a labor union. Name of Labor Union	n				
I wish to opt out of the following mass communication m	nethods from United Way:				
☐ ALL COMMUNICATIONS ☐ Text Messages ☐ E-ma	ail Newsletters	Donor E-mails 🗆 Mail	ings		
STEP 2: YOUR CONTRIBUTION	ı				
TOTAL PLEDGE AMOUNT: \$					
PAYMENT METHOD (SELECT ONE)					
☐ PAYROLL DEDUCTION	☐ CHECK ENCLOSED*		☐ BILL ME*		
\$ Amount Per Pay Period	*Please make checks payal		Start Date		
#Number of Pay Periods	United Way of Greater Kans	sas City	^10 pay by cl	heck, credit card or securities	
	- GAGIT ENGLOSED		☐ Monthly	tely	
			☐ Quarterly	,	
Club United Donor Recognition Levels Club United brings generous, passionate donors who give to VIP events, volunteer opportunities, immersive experien unlocking more VIP opportunities. You will automatically jo to be a part of this network with a donation of \$1,000 or m	ces, and networking with other lik oin Tocqueville Society (minimum	ce-minded leaders. Clui	United members may	also qualify for a Donor Network –	
Community Catalyst - \$1,000 Women United - \$1,000 Waymakers™ - \$2,500 Impact Champions - \$5,000 Visionary Benefactors - \$7,500 Tocqueville Society - \$10,000					
☐ I contributed at least \$1,000 and would like to join Wo ☐ I do NOT want to be recognized publicly by United Way ☐ I am interested in learning about including United Way ☐ My gift is a combined donation. List Combined Gift As	y for my donation. y in my estate plans.	of dynamic and influer	ntial female-identifying	Waymakers <sup>™</sup> .	
First Name	Last Name				
Email					

## UNITED WAY CAMPAIGN GIVING FORM

**QUESTIONS?** 

Scan this QR code to view

the most fregently asked questions by donors:

### DONOR-DIRECTED DESIGNATION (OPTIONAL)

To direct your gift, this sheet must be signed by the donor and submitted with the completed giving form.

#### STEP 3: HOW DO YOU WANT YOUR FUNDS INVESTED?

Making a gift to United Way of Greater Kansas City allows us to provide direct support services and invest in Kansas City organizations that are effectively and successfully addressing the most vital health and human service needs.

#### **CUSTOMIZE YOUR GIFT**

	WHEREVER NEEDED	MOST						
or								
	SPECIFIC IMPACT A	PECIFIC IMPACT AREAS (please ensure your percentages add up to 100% if you are splitting your gift amongst multiple impact areas.)						
	\$	Impact 100 — top non-profit agencies addressing the most vital health & human service needs in our community						
	\$	211 Call Center — United Way's 24/7 referral hotline and website that connects neighbors to direct support services like meds, parenting support, employment and more						
	\$	Access to Healthcare and Suppo	ortive Services					
	\$	Behavioral Health and Substanc	e Disorder Intervention & Tr	eatment				
	\$	Crime Prevention & Intervention						
	\$							
	\$	Domestic, Intimate Partner and Child Abuse Intervention						
	\$ Early Childhood Education and Development							
	\$ Financial Stability Education, Coaching and Skill Building							
	\$ Poverty, hunger and homelessness							
	\$ Services for Individuals with Disabilities							
	\$							
\$ Youth Development, Mentoring and Out-of-School Time								
	agency you would like to fund. If you are designating your gift to an Impact 100 or Nonprofit Catalyst Grant Partner you can simply write the name of the Organization. If you would like a note, restriction, or instruction related to your designation communicated to your agency of choice, input that as well.							
ORGANIZATION #1		ORGANIZATION #2		ORGANIZATION #3				
Organization Name		Organization Name _		Organization Name	Organization Name			
EIN # Contribution Amount: \$ Organization Address City		EIN #		EIN #	EIN#			
		Contribution Amount:	\$	Contribution Amour	Contribution Amount: \$			
		Organization Address		Organization Addres	Organization Address			
		City	City City					
	State	ZIP	State	ZIP	State	ZIP		
Email Designation Note		Email		Email				
		Designation Note		Designation Note	Designation Note			
		ontact you. If you cannot be						
	contacted or if the g	ift is less than \$50, we will direct	the contribution to United V	lay of Greater Kansas Cit	y.			
	Lwich for decignation	ns to remain anonymous to my s	alacted aganoias					

SIGNATURE DATE

'Your gift may be directed to a United Way in another city or to any qualified 501(c)(3) nonprofit agency. Please note that agencies are not accountable to United Way for donor-directed gifts. If the agency to which you have contributed closes or is found to be ineligible to receive United Way funding, your contribution for the remainder of the campaign year will be redirected to United Way's Impact 100 Fund, which supports the organizations we believe are making the biggest impact in our community.

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

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. Donor-directed forms must be signed by the donor and submitted with this completed form. For United Way's privacy policy, please visit unitedwaygkc.org/privacy-policy