

TOGETHER WE'RE GREATER THAN ANY CHALLENGE.

LIVE UNITED.



United Way
of Miami County
2020 DONATION FORM

1. MY INFORMATION PLEASE PRINT

First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Cell: (_____) _____

City: _____ ST: _____ ZIP: _____

Employer Name (If giving through employee campaign): _____

SIGNATURE (My signature authorizes my pledge): _____

Personal E-mail: _____ Keep me updated and show how my contribution is getting results.

We respect your privacy and do not share your personal information with third parties.

I am a **Loyal Contributor!** I have given to United Way for: 5+ years 10+ years 20+ years

I've included United Way of Miami County in my will or estate plan.
(Please let us know so we can thank you for your thoughtful legacy gift.)

2. MY TOTAL ANNUAL GIFT

\$ _____

MY CONTRIBUTION WILL BE PAID AS FOLLOWS:

EASY PAYROLL DEDUCTION*

Amount per pay period	Number of deductions	=	Total payroll deduction
\$ _____	X _____	=	\$ _____

DIRECT GIFT (home address needed in Section 1 above)

- Credit Card (Visit www.miamip.org)
- Cash/Check (Enclosed – payable to United Way) Check# _____ \$ _____
- Automatic Bank Withdrawal \$ _____
(Recurring monthly. Visit www.uwmiamip.org for details)
- Stocks/Securities (Please call 765-473-4240) \$ _____
- Bill Me \$ _____
Starting in January bill me at address above Monthly Quarterly Semi-Annually Annually

I'M GIVING AT A LEADERSHIP LEVEL

- Vanguard Leadership:** My individual or combined gift of \$1,000 or more:
 - Tocqueville Society (\$10,000 +)
 - Platinum (\$5,000 - \$9,999)
 - Gold (\$2,500 - \$4,999)
 - Silver (\$1,000 - \$2,499)
- Young Leaders Society:** I'm under 40 and my individual or combined gift is \$500 or more.
 - Please combine my leadership gift with that of _____
 - Please list me (us) in the membership directory as _____

3. MY IMPACT CHOOSE WHERE TO INVEST YOUR GIFT (OPTIONAL)

COMMUNITY IMPACT FUND: I want my donation to have the most power by supporting 18 partner agencies & programs that ensure people learn more, earn more, and lead safer and healthier lives.

Please DO NOT distribute my gift to the following United Way member agency(ies) _____

RESTRICT MY CONTRIBUTION: Direct all or part of my gift (\$25 minimum per agency) to a United Way partner agency or a United Way in good standing (listing at www.uwmiamip.org) with Indiana Association of United Ways. All other designations will be applied to the United Way Community Impact Fund.

I DO NOT want my contact information released to the agency below.

Agency _____ Amount \$ _____



PRIORITY FUNDS: I want my dollars to support only agencies & programs in:

- EDUCATION BASIC NEEDS
- FINANCIAL STABILITY MENTAL HEALTH

CONTACT ME ABOUT MAKING A PLANNED GIFT

Please Sign Here: _____

WHAT A DOLLAR BUYS



United Way fights for the education, financial stability, mental health and essential needs of everyone in our community. Your donation to United Way impacts 1 in 3 lives right here in

Miami County. Your annual gift is at work 24/7 helping people by strengthening the building blocks of a better life – Education, Financial Stability, Mental Health and Essentials.

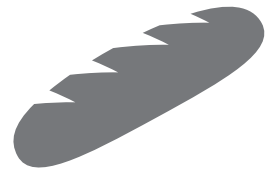
WHAT MATTERS MORE?



**A \$5
CUP OF
COFFEE**

OR

**PROVIDE STUDENTS WITH 37 WEEKS
OF NUTRITIOUS FOOD
WEEKEND MEAL DEAL**



**A \$10
APP FOR
YOUR PHONE**

OR

**PROVIDE 464 BOOKS TO CHILDREN
0-5 YR. OLDS
IMAGINATION LIBRARY**



**A \$20
PAIR OF
MOVIE
TICKETS**

OR

**PROVIDE 362 STRUGGLING FAMILIES
ASSISTANCE TO KEEP UTILITIES TURNED ON
THE SALVATION ARMY**



**A \$50
DINNER OUT**

OR

**PROVIDE 16,480 TRIPS FOR
SENIOR INDEPENDENCE
YMCA TRANSIT**



**A \$100
JACKET**

OR

**PROVIDE MENTAL HEALTH FIRST AID
TO FIRST RESPONDERS, TEACHERS
AND COMMUNITY MEMBERS**

