

## 2021 DONATION FORM

### 1. MY INFORMATION PLEASE PRINT

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### COMPANY

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](http://www.miamip.org))
- Cash/Check (Enclosed — payable to United Way) Check# \_\_\_\_\_ \$ \_\_\_\_\_
- Automatic Bank Withdrawal ..... \$ \_\_\_\_\_  
(Recurring monthly. Visit [www.uwmiamip.org](http://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 \_\_\_\_\_

**Agencies Funded:** American Red Cross, Area Five on Aging, Family Service Association Domestic Violence, Mental Health America, SHIPHAPPENS, The Salvation Army, YMCA, YMCA Transit  
**Initiatives:** Dolly Parton Imagination Library and Weekend Meal Deal Buddy Bags

### 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](http://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:

**OR**

**EDUCATION**  **BASIC NEEDS**  
 **FINANCIAL STABILITY**  **MENTAL HEALTH**

### CONTACT ME ABOUT MAKING A PLANNED GIFT

Please Sign Here: \_\_\_\_\_

# WHAT A DOLLAR BUYS.

## Improving Lives TOGETHER

Miami County Area United Way strives to improve lives by supporting agencies that provide health and human services that strengthen families, nurture and protect children, assist the elderly and disabled, and provide emergency assistance. Together when you give to the United Way, you're making a difference in Miami County. Your weekly or monthly gift is an investment in the lives of your neighbors and adds up to more than you can imagine.

## WHAT MATTERS MORE?



**A \$5**  
CUP OF  
COFFEE

OR



PROVIDE A NAVIGATOR TO HELP  
FAMILIES WITH INSURED AND  
NON-INSURED INSURANCE BENEFITS



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

OR



PROVIDE WELLNESS COACHING AND  
REDUCE OBESITY IN MIAMI COUNTY



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

OR



PROVIDE TRANSPORTATION  
TO WORK, DOCTORS APPOINTMENTS,  
SCHOOL, OR PRACTICE



**A \$50**  
DINNER OUT

OR



PROVIDE FOOD, HYGINE ITEMS,  
TRANSPORTAION, AND RESOURCES  
FOR SHELTERS



**A \$100**  
JACKET

OR



PROVIDE MENTAL HEALTH FIRST AID TRAINING TO FIRST  
RESPONDERS, TEACHERS, YOUTH, AND COMMUNITY  
MEMBERS, OR PROVIDE COUNSELORS AND THERAPISTS  
TO AREA COMMUNITY SCHOOLS

Improving Lives TOGETHER



United Way  
of Miami County