

1. DONOR INFORMATION

PLEASE PRINT CLEARLY. Your personal information is confidential and will not be sold or shared.

Mr. Mrs. _____
 Ms. Dr. First Name M.I. Last Name Birthdate (for sweepstakes eligibility)

Street Address City State Zip

Phone Number _____ Home Cell Home Email _____
 Text me about upcoming events

Employer _____ I plan to retire in the next 14 months

Combine my Gift with _____ Employed at _____
(Name of spouse/significant other)

List our names as _____ I/We wish to be anonymous

I would like to receive information on: Volunteer opportunities Planned giving Upcoming events Affinity Groups

2. JOIN AN AFFINITY GROUP (OPTIONAL)

- EMERGING LEADERS MEMBER (\$100+)** A networking and leadership opportunity for young professionals
- WOMEN UNITED MEMBER (\$250+)** A network of women interested in philanthropy and volunteerism
- RETIRED UNITED** A group for retirees who value philanthropy and volunteerism and share their skills and expertise to make a meaningful difference in our community
- SUMMIT LEAGUE (\$600+)**
 - Base Camp (\$600-749)
 - Camp 2 (\$750-999)
 - Camp 3 (\$1000-1599)
 - Camp 4 (\$1600-2599)
 - Camp 5 (\$2600-3999)
 - Final Ascent (\$4000-9999)
 - Tocqueville (\$10,000+)

3. PLEDGE INFORMATION

- ACH: Mail this form, with a voided check to United Way of Marathon County.
 - I would like my donation to be withdrawn monthly beginning in _____ (month)
 - I would like my donation to be withdrawn quarterly beginning in _____ (month)
- ONE TIME GIFT enclosed check # _____
- BILL MY HOME ADDRESS
 - Quarterly Monthly
 - One time in _____ (Month)
- CREDIT/DEBIT CARD: Call 715-848-2927 or donate securely online at www.unitedwaymc.org

My Total Contribution is _____

Signature _____

Date _____

4. CHOOSE WHERE YOUR DOLLARS GO (OPTIONAL)

\$ _____ **UNITED WAY COMMUNITY IMPACT FUND**
Local volunteers decide how your gift can do the most good

\$ _____ **EDUCATION**
Improve kindergarten readiness, improve academic performance and career readiness

\$ _____ **FINANCIAL STABILITY**
Reduce hunger and homelessness, increase skills to improve self-sufficiency

\$ _____ **HEALTH**
Decrease relationship violence and sexual assault, improve mental health, reduce alcohol and drug abuse, improve seniors' ability to live independently

Send \$ _____ of my contribution to the following United Way funded program:

Program Name & Designation Code (\$50 minimum).

See funded program listing at www.unitedwaymc.org. Your gift to a program will be the first dollars that program receives towards its grant. If total designations exceed the grant amount we have always honored requests; however, United Way has the explicit authority to redirect these gifts if necessary.

Please send my contribution to another United Way: _____
Name of United Way (\$50 minimum)

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.