

YES, I WANT TO GIVE

360 South Third Street • Columbus, Ohio 43215-5485
614.227.2700 • liveunitedcentralohio.org



1 MY INFORMATION

Empl. I.D.: _____ Prefix: Mr. Ms. Mrs. Dr. Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Suffix: Jr. Sr. Other: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Personal Email: _____

With your personal email address, we save paper and money keeping you updated on the impact of your gifts. We do not disclose personal information to outside entities.

2 MY GIFT TO THE COMMUNITY

EASY PAYROLL DEDUCTION

My gift: \$ _____ per pay period 12 24 26 52 pay periods =

_____ **OR** _____

PAY NOW by attaching check made out to United Way or pay with cash.

Check #: _____ Check Date: ____ / ____ / ____ Cash

I WOULD LIKE TO MAKE PAYMENTS: Monthly Quarterly One Time

We will bill you and you may pay by credit card, check or stock transfer.
Your donation must total \$50 or more. **Home address is required above.**

First billing date (if not 1/1/2021): ____ / ____ / ____

MY TOTAL GIFT FOR THE YEAR IS

\$ _____

THANK YOU
for helping our neighbors in need in central Ohio!

SIGNATURE (required - may be typed or drawn): _____ Date: ____ / ____ / ____

Contributions to United Way are tax-deductible. Please make a copy for your records. We do not provide goods or services as whole or partial consideration for contributions.

3 STRATEGICALLY INVEST MY GIFT (OPTIONAL)

COMMUNITY RESPONSE FUND: I want to make the MOST impact on central Ohio.
Annual Amount: \$ _____

IMPACT AREAS: I want to invest in an area of special concern to me:

Basic Needs \$ _____ Student Success \$ _____

Restrict a portion of my gift to a 501(c)(3) organization or other United Way as noted. (minimum agency designation is \$25)

Required: name, address & tax ID number (see guidestar.org) of organization	Annual Amount:
_____	\$ _____
_____	\$ _____

Designation Guidelines: 501(c)(3) organizations and other United Ways are eligible for designations. If agency information is below \$25, is incomplete, if we are unable to identify the agency and/or the agency's payment check remains uncashed without response beyond 180 days, your gift will be redirected to the Community Response Fund. Religious organizations that do not provide direct health and human services are not eligible to receive designations. United Way does not provide oversight of non-United Way partner organizations. Donor name and address will be provided to designated agency(s) unless donor has opted to be anonymous. United Way of Central Ohio's cost recovery fee is currently 10 percent. Designations are subject to cost recovery fees in accordance with United Way Worldwide Membership Standards.

4 LEAD THE WAY FOR YOUR COMMUNITY

Sign me up for (Check all that apply):

Leaders Circle (See guidelines at right)

Leaders United: Leading the way for a more equitable community (Check one)

Individual or household age 30 or younger giving \$365+ to the Community Response Fund;

Individual or household giving \$1,000+ to the Community Response Fund;

Individual or household directing \$1,000+ to the E³ program (Women United, formerly WLC). First-time members must restrict \$1,000 to E³ above their previous United Way gift in #3 "optional" section above.

LEADERS CIRCLE GUIDELINES

Annual Base Income	% of Pay	Weekly Gift
up to \$29,999	1.0%	up to \$5.77
\$30,000–39,999	1.25%	\$7.21–9.62
\$40,000–49,999	1.5%	\$11.54–14.42
\$50,000–74,999	1.75%	\$16.83–25.24
\$75,000–99,999	2.0%	\$28.85–38.46
\$100,000–over	2.25%	\$43.27–plus

- RECOGNITION LEVELS**
- Alexis de Tocqueville Society**
Individuals or households who give \$10,000 or more.
- Cinquefoil Fellowship**
Individuals or households who give \$5,000–9,999.
- Community Builder**
Individuals who give \$1,000 or more.
- Leaders Circle**
Individuals who give at least 1–2% of their base income.

I/we have given to United Way for 10 or more years and am a Loyal Contributor. Since (year, if known) _____

To be recognized for combined household contribution, please print:

Name of Spouse/Partner: _____

Employer of Spouse/Partner: _____

I/we would like to be listed for recognition purposes as follows : _____

I/we wish to remain anonymous; name will not be used for recognition purposes.