YES, I WANT TO GIVE

Community Impact Center
215 North Front Street, Suite 600, Columbus, Ohio 43215
614.227.2700 • liveunitedcentralohio.org

UNITED WAY Central Ohio

1 MY INFORMATION

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 X ◯ 12 ◉ 24 ◯ 26 ◯ 52 **pay periods** =

❍ **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 1/1/2027): _____ / _____ / _____

SIGNATURE (required): _____ 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.

MY TOTAL GIFT FOR THE YEAR IS

$ 0 _____ , _____ . _____

THANK YOU

for helping families thrive and students succeed!

3 STRATEGICALLY INVEST MY GIFT *(OPTIONAL)*

❍ **COMMUNITY RESPONSE FUND:** I want to support **Success by Third Grade** to ensure all families can thrive and children have opportunities and resources necessary to succeed in school and in life. **Annual Amount:** $ _____ , _____ . _____

Within Success by Third Grade, I specifically want to support children and families in the following way(s) (Please choose one or two areas of focus.):

❍ Child Well-Being $ _____ , _____ . _____

❍ Home and Family Stability $ _____ , _____ . _____

❍ Safe and Supported at School $ _____ , _____ . _____

Total Annual Amount: $ _____ , _____ . _____

If more than one category is chosen, then the amounts should equal the Total Annual Amount shown.

❍ **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, including local United Ways, in good standing with IRS and appropriate local regulatory agencies are eligible for designations. Religious organizations that provide direct health and human services are also eligible to receive designations. If a designated gift is below $25, if agency information 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. 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. Designations are subject to 10 percent 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 stronger, more resilient community
Individual or household giving any amount to the Community Response Fund, United Way's fund invested in local nonprofits helping families thrive and children succeed in school and in life.

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

Community Builder
Individuals who give $1,000 or more.

Cinquefoil Fellowship
Individuals or households who give $5,000–9,999.

Alexis de Tocqueville Society
Individuals or households who give $10,000 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.

FOR UNITED WAY USE ONLY: Organization #: _____ Account #: _____