UNITED WAY OF TUSCARAWAS COUNTY

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United Way
United Way of Tuscarawas County, Inc.

STEP 1: MY INFORMATION

First Name _____ M.I. _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Phone _____

Email Address _____ United Way never shares or discloses personal donor information.

STEP 2: MY GIFT

PAYROLL DEDUCTION

1 I want to contribute the following amount **each pay period**:

- ○ $25 ○ $5
- ○ $10 ○ OTHER $_____

2 Multiply your contribution ($ amount from above) by the number of pay periods:

$_____

x

___ ___

Pay Periods per year

= $_____

TOTAL GIFT AMOUNT

OR

1 ONE TIME CONTRIBUTION

- ○ Cash ○ Check
- ○ Payroll
- ○ Credit Card/Debit Card
  Pay online at Tuscunitedway.org
  Click GIVE

2 GIFT AMOUNT

$_____

OR

1 PLEASE BILL ME

- ○ One Time
- ○ Quarterly
- ○ Semi-Annually

2 GIFT AMOUNT

$_____

STEP 3: SPECIAL RECOGNITION

I/WE WANT TO GIVE AT THE LEADERSHIP LEVEL

- ○ Annual Gift over $250 ○ 1.5% of My Gross Income $_____
- ○ 3-Year-Step-Up: Year 1: $500; Year 2: $750; Year 3: $1,000
- ○ 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 in the following way: _____
- ○ I/We wish to be Anonymous

LEADERSHIP LEVELS

Community Supporter ($250-$499)
Community Investor ($500-$999)
Community Patron ($1,000-$4,999)
Community Benefactor ($5,000-$9,999)
Alexis de Tocqueville Society ($10,000+)

_____ DATE: _____ / _____ / _____

SIGNATURE (Required) United Way does not provide goods or services as whole or partial consideration for contributions.

Thank You!

OPTIONAL DESIGNATIONS

○ Direct my gift to the COMMUNITY IMPACT FUND, the most powerful way to invest your contribution

○ Education/Strengthening Families and Children ○ Health ○ Income/Emergency needs ○ Direct Services/Prescription/Rent/Utility Assistance

○ Another Non-Profit 501(c)3 health & human services agency_____ ○ Other United Way_____

Please make a copy for your records