

GIVE. ADVOCATE. VOLUNTEER.

LIVE UNITED

Community Investment Form - please print clearly

STATE OF KANSAS EMPLOYEES
 Dept. # _____
 Employee I.D. # _____
 *Key Deduction code UT D095 in all cases
 For Payroll Deduction gifts only:
 _____ start date _____ end date
 (if no dates are specified, deductions will run from January through December)



YOUR INFORMATION

My info has changed since 2010

Check here if you are a new donor

MR/MRS/MS/DR _____ FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

HOME ADDRESS (For credit card charges, address listed must be your billing address) _____ CITY _____ STATE _____ ZIP _____

HOME/WORK/CELL (Circle which phone line) _____ PERMANENT EMAIL ADDRESS _____

COMPANY NAME IF APPLICABLE _____ DONATED UNDER A PREVIOUS NAME _____

CONTACT ME ABOUT VOLUNTEER OPPORTUNITIES.

Check here if you prefer for your gift to remain anonymous.

I have been a loyal contributor since: _____ (estimate year of first donation)

I am a member of a local labor union: _____ (please indicate name of union)

Retirement is in my near future. I will be retiring in:
 less than a year 1-2 years 3-6 years 7 years or more

PAYMENT OPTIONS

PLEASE SELECT HOW YOU CHOOSE TO GIVE.

EASY PAYROLL DEDUCTION

A.) Number of pay periods _____

B.) Per pay period deduction \$ _____

A.) X B.) equals your TOTAL ANNUAL DONATION \$ _____

OTHER PAYMENT OPTIONS

CASH OR CHECK (ENCLOSED) \$ _____

CREDIT CARD \$ _____

TYPE: ___ Visa ___ MC ___ AmEx ___ Disc

NO: _____ - _____ - _____ - _____

Expiration Date: _____

SECURITIES (PLEASE CALL 785.228.5118) \$ _____

BILL ME _____ (FREQUENCY) \$ _____

MONTHLY EFT (ATTACH VOIDED CHECK) \$ _____

IMPACT

Community Impact Fund

Simply check & sign below for the most powerful way to positively impact our community's Education, Income, Health and Basic Needs.

Basic Needs are defined as:

- Shelter
- Rent/Utilities
- Food
- Health Access/Prescriptions
- Safety from Domestic Violence

Annual Gifts of \$144 or more to the Community Impact Fund will qualify donors for a Caring Club Card.

Fill out reverse side of form if designating or giving to Women United

IF YOUR ANNUAL GIFT IS \$500 OR MORE FOR YOUR ENTIRE HOUSEHOLD, READ BELOW:

Young Leaders Society (YLS) (min. \$500/household annual gift)
 YLS is a group for young professionals (40 or under or young at heart). Members receive leadership development opportunities while fostering philanthropic interests.

Key Club (min. \$1,000/household annual gift)
 Key Club recognizes donors making a significant leadership gift. If giving a combined gift, check the appropriate giving level for recognition purposes. Donors may qualify for both YLS & Key Club.

<input type="checkbox"/> Alexis De Tocqueville \$10,000 and above	<input type="checkbox"/> Emerald: \$3,500 - \$4,999
<input type="checkbox"/> Ruby: \$7,500 - \$9,999	<input type="checkbox"/> Gold: \$2,000 - \$3,499
<input type="checkbox"/> Sapphire: \$5,000 - \$7,499	<input type="checkbox"/> Silver: \$1,500 - \$1,999
	<input type="checkbox"/> Bronze: \$1,000 - \$1,499

Name of other household member and his or her employer (if applicable): _____

How would you like your name(s) to appear in the Key Club Directory? (Example: John & Jane Smith) _____

Do not list my name in the Key Club Directory. I wish to remain anonymous.

SIGN & DATE

 _____

Date: _____

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Please check the accuracy of all your entries. Thank You for investing in United Way.

Complete the information on this side ONLY if designating your gift.
Complete the column on the right to make a contribution to Women United.

Amounts in the designation boxes must equal your
TOTAL ANNUAL DONATION from the front of this form.

TOTAL ANNUAL DONATION \$

Community Impact Fund: Indicate what dollar amount of your donation you want to go to the Community Impact Fund.

IMPACT	<i>COMMUNITY IMPACT FUND</i>	
	The most powerful way to impact our community's Education, Income & Health and address Basic Needs	AMOUNT \$ <input type="text"/>

Designated gift option 1: Indicate which IMPACT AREA(S) you choose to invest.

FOCUSED IMPACT OPTIONS	<i>EDUCATION</i>	
	<input type="checkbox"/> EARLY CHILDHOOD: Kids start Kindergarten ready to learn	AMOUNT \$ <input type="text"/>
	<input type="checkbox"/> ON-GRADE ACHIEVEMENT: Kids reach critical milestones to graduate on time	AMOUNT \$ <input type="text"/>
	<i>INCOME</i>	
	<input type="checkbox"/> FINANCIAL STABILITY: Families are financially stable	AMOUNT \$ <input type="text"/>
	<i>HEALTH</i>	
	<input type="checkbox"/> YOUTH SUBSTANCE ABUSE: Youth avoid using illegal substances	AMOUNT \$ <input type="text"/>
	<input type="checkbox"/> OBESITY REVERSAL: Adults eat healthier and move more	AMOUNT \$ <input type="text"/>

Designated gift option 2*: Designate your gift to another community. **\$50 minimum investment per community**

OTHER UWS	<i>OTHER COMMUNITIES</i>	
	Zip Code 1: _____	AMOUNT \$ <input type="text"/>
	Zip Code 1: _____	AMOUNT \$ <input type="text"/>

Designated gift option 3*: Designate your gift to an agency. **\$50 minimum investment per agency - see agency list for codes**

PARTNERS	<i>COMMUNITY AGENCIES</i>	
	Name: _____ Code _____	AMOUNT \$ <input type="text"/>
	Name: _____ Code _____	AMOUNT \$ <input type="text"/>

Enroll me in Women United:

ABOUT WOMEN UNITED

The Women United initiative of United Way of Greater Topeka is dedicated to inspiring, educating and encouraging women to invest in their community through philanthropy and leadership. Women United steps in to provide one-time emergency grants to women and children in crisis situations in our community.

Fill out the information below. Women United requires a separate donation from your United Way contribution. Membership requires a minimum \$100 donation annually.

Make checks payable to *United Way of Greater Topeka* and write "Women United" in the memo.

<input type="checkbox"/> CHECK (ENCLOSED)	\$ <input type="text"/>
<input type="checkbox"/> CREDIT CARD	\$ <input type="text"/>

Credit Card Information:

____ Visa ____ MC ____ AmEx ____ Disc

NO: ____ - ____ - ____ - ____

Expiration Date: _____

*A processing and disbursement fee of 9% applies to all gifts. In order to keep processing costs low for donors, designated gifts to Options 2 and 3 must be at least \$50 per designation or they will be directed to United Way's Community Impact Fund. A new contribution form must be completed each year for designated gifts. Designation requests received after December 31, 2011 will default to the Community Impact Fund.