JOIN THE FIGHT FOR JACKSON COUNTY



Creating and cultivating an unbreakable network of support for a strong, healthy and equitable community

Signature

formerly United Way of Greater Topeka

I. CONNECT												
	MR/MRS/MS/DR	First Name	MI Last Nam	e	Suffix							
Home Address			City	State	ZIP							
Home/Cell (Circle	which phone line)	Permanent Email	Address	Work Email address								
2. INVEST	My total	l investment this	s year is \$	Please choose your payn	nent option below.							
PAYROLL DEDU	UCTION THROUGH MY	EMPLOYER		ving amount per pay period: \$ Ask your Campaign								
CASH/CHECK	Amount e	enclosed \$	Check #	Make checks paya	ble to United Way of Kaw Valley							
CREDIT CARD	>> Credit Cards	o charge \$ cannot be processed e-mail address in Section 1.	NO: Expiration Date:									
BILL ME		A. Choose a method O Debit my bank account—Please attach voided check O Send my bill B. Choose a frequency O Monthly (x 12) O Quarterly (x 4) O Bill me one time on:										
STOCKS & SECURITIES	Get forms	Get forms and instructions at unitedwaytopeka.org/give/securities or call 785.228.5113.										
			y combine investments to reach le ng Leaders Society. (Check the YL									
-		=	n County O Jefferson County e applied to the county where you	O Shawnee County are employed.								
B. RECOGNIZE				Date of Birth								
O Please do	o not list my nam	ne to appear in reco		th, Dr. Jane Smith, John Jones & J	ane Smith)							
O List me a	is a combined giv	ver with	Name	Company	′							
	•	ing Leaders Society giving opportunities	r—40 or younger; \$500 or more).	O I plan to retire in: ${Yea}$	nr							
5. SIGN & DATE			Thank you for your inve	estment. No goods or services were pro	vided in exchange for this							

contribution. Keep a copy of this form for your tax records. You also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable

organization. More information on allowable deductions is available at

https://www.uwkawvalley.org/waystogive.

Date

		OPTIONAL DESIGNATIO	INS				Un	ited Way
\$			plit your investment amo om page 1. Then indicate				United	l Way of Kaw Valle
\$		FOOD						
		Food assistance food insecurity.	helps distribute food or p	prepared meals to re	esidents experio	encing		
\$		RENT & UTILITIES						
			assistance helps low- uding eviction, foreclos nce.					
\$		HEALTHCARE & PR	ESCRIPTION ASSISTANCE					
		Providing accessistance for	ss to mental and phys low-income, uninsured	ical health care ar l or underinsured	nd to prescrip residents.	tion		
\$		DOLLY PARTON'S I	MAGINATION LIBRARY					
			nagination Library: \$30 se: O Shawnee Cou					
\$		GIVE TO ANOTHER	UNITED WAY (\$50 MINIMUM IN	/ESTMENT)				
		Way name or th	tribution to a United W ne zip code of a neighl ode:	porhood served by				
\$		GIVE TO A UWGT PA	ARTNER (\$50 MINIMUM INVESTMI	ENT PER PARTNER)				
	Scan QR code to see the list online	ask your Camp	ıp-to-date list visit our paign Coordinator.	website: www.uw	/kawvalley.org	ı/communit	typartn	ers or
		t Name:		Code: _				
		Name:		Code: _				
JOIN WOM	EN UNITED						1	
community.	Fill out the eparately for	e information below	ncy grants to women a and attach your paym y pledge. Membership	ent. Women Unite	ed contribution	ns are	₩e can	it ed do anything"
CASH/CHECK	CASH/CHECK Amount enclosed \$ _		Check # Make checks payable to Unite				ed Way o	of Kaw Valley.
CREDIT CARD	CREDIT CARD Amount to charge \$					O _{Visa} (Эмс	O Discover