



Creating and cultivating an unbreakable network of support

STATE OF KANSAS EMPLOYEES	FOR PAYROLL DEDUCTION GIFTS ONLY:
DEPT # _____	START DATE _____
EMPLOYEE ID # _____	END DATE _____
(IF NO DATES ARE SPECIFIED, DEDUCTIONS WILL RUN FROM JANUARY TO DECEMBER)	

1. CONNECT

MR/MRS/MS/DR	First Name	MI	Last Name	Suffix
Home Address	City	State	ZIP	
Home/Cell (Circle which phone line)	Permanent Email Address (required for credit card)	Work Email address		

2. INVEST

My total investment this year is \$

Please choose your payment option below.

☐ PAYROLL DEDUCTION THROUGH MY EMPLOYER

I want to pledge the following amount per pay period: \$

Number of pay periods: Ask your Campaign Coordinator if you are unsure.

☐ CASH/CHECK

Amount enclosed \$ Check # Make checks payable to United Way of Kaw Valley.

☐ CREDIT CARD

Amount to charge \$ # : VISA Discover

>> Credit Card and Bill Me cannot be processed without a valid e-mail address in Section 1.

Expiration Date: MC AMEX

☐ BILL ME

A. Choose a method ☐ Debit my bank account—Please attach voided check ☐ Email my bill
B. Choose a frequency ☐ Monthly (x 12) ☐ Quarterly (x 4) ☐ Bill me one time on:

☐ STOCKS & SECURITIES

Get forms and instructions at www.uwkawvalley.org/legacy-giving or call 785.228.5113.

Leadership begins at \$1,000 annually. Spouses may combine investments to reach leadership levels. Supporters 40 years of age or younger who invest \$500 or more annually can join our Young Leaders Society. (Check the YLS box in Section 4 to get more information.)

Optional—Please invest my pledge in: ☐ Jackson County ☐ Jefferson County ☐ Shawnee County ☐ Douglas County

All gifts not designated to a particular county will be applied to the county where you are employed.

3. RECOGNIZE

Date of Birth

How would you like your name to appear in recognition?

☐ Please do not list my name in publications

☐ List me as a combined giver with

(Example: John & Jane Smith, Dr. Jane Smith, John Jones & Jane Smith)

Name

Company

4. ENGAGE

☐ Contact me about YLS (Young Leaders Society—40 or younger; \$500 or more).

☐ Contact me about planned giving opportunities.

☐ I plan to retire in: Year

5. SIGN & DATE

X

Signature

Date

Thank you for your investment. No goods or services were provided 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>.

Thank you to Moore for printing this year's campaign materials! **MOORE**

OPTIONAL DESIGNATIONS

To split your investment among two or more areas, please enter your total annual investment from page 1. Then indicate below how much goes to each category.

WHOLE FAMILY: YOUTH OPPORTUNITY

Children are nurtured by informed parents or caregivers and have access to high-quality early childhood programs that prepare them for success in school and life.

WHOLE FAMILY: FINANCIAL SECURITY

All individuals and families have the resources, skills, and conditions necessary to be financially secure.

WHOLE FAMILY: HEALTHY COMMUNITY

All individuals have the resources and conditions they need to thrive and live healthy lives.

COMMUNITY NAVIGATION

Dedicated professionals who come from the communities they serve, connecting individuals and families with the resources they need to thrive.

DOLLY PARTON'S IMAGINATION LIBRARY

Dolly Parton's Imagination Library: \$30 gives a child a book every month for a year.

Please choose: ☐ Shawnee County ☐ Jackson County ☐ Douglas County

GIVE TO ANOTHER UNITED WAY

(\$50 MINIMUM INVESTMENT)

Direct your contribution to a United Way in another area by providing the United Way name or the zip code of a neighborhood served by that United Way.

UW Name or ZIP Code: _____

GIVE TO A UWKV PARTNER

(\$50 MINIMUM INVESTMENT)

For the most up-to-date list visit www.uwkawvalley.org/communitypartners, scan the code on the left, or ask your Campaign Coordinator.



Scan QR code to see the list online

Name: _____ Code: _____

Name: _____ Code: _____



Women United provides one-time emergency grants to women and children in crisis situations in our community. **To join Women United, complete the information below and attach your payment.** Women United contributions are processed separately from your United Way pledge. Membership requires a minimum \$100 annual commitment.

☐ CASH/CHECK

Amount enclosed \$ _____

Check # _____

Make checks payable to **United Way of Kaw Valley.**

☐ CREDIT CARD

Amount to charge \$ _____

NO: _____ - _____ - _____ - _____

☐ VISA ☐ Discover

>> Credit Cards cannot be processed without a valid e-mail address in Section 1.

Expiration Date: _____

☐ MC ☐ AMEX