

My Information Please Print.

Mr. Mrs. Ms. Dr. Name _____

Home Address _____

City/State/Zip _____

Phone _____

Personal Email _____

Please provide your email so we can show you how your contribution is making a difference!

Employer _____

Work Phone _____

Work Email _____

Let Us Know:

- I will be retiring this year. I wish my gift to be anonymous.
- I have been contributing to United Way for ____ years.
- I'd like info on including United Way in my will.

GIVE. Choose an option below.

Payroll Deduction Option

I would like to give \$_____ per pay period
My total gift \$_____

I receive my paycheck:
 Weekly (52 pays)
 Every 2 weeks (26 pays)
 Twice a month (24 pays)
 Monthly (12 pays)
 Other (____pays)

Credit Card Option

I would like to give \$_____ by
 Visa MasterCard Discover

_____/_____
Card Number Sec. Code Exp. Mo/Yr

Direct Billing Option

I would like to give \$_____ (total amount)
Starting _____ (date)

Bill me:
 Charge my credit card

Once
 Monthly (12 time)
 Quarterly (4 times)

Direct Gift Option

My gift of \$_____ is attached

Payment Method:
 Cash
 Check— payable to Char-Em United Way
 Stock—Contact me for details

Leadership Circle

My gift qualifies me for:
 Leadership Circle (\$500+)
 Tocqueville Society (\$10,000+)

Emerging Leaders

Send me info about the Emerging Leaders Society (Age 40 and Under)

How do you want to invest in your community?

Option A

Char-Em United Way Community Impact Fund
The most powerful way to invest your gift. Volunteers distribute to programs meeting the most critical needs. Gifts without designation will be directed to this fund.
\$_____

Option B

Education \$_____
Helping children and youth achieve their potential

Health \$_____
Improving people's physical and mental health

Financial Stability \$_____
Helping families become financially stable and independent

Option C

United Way Initiatives \$_____

- ____ Volunteer Connections Program
- ____ Dolly Parton's Imagination Library
- ____ 2-1-1 Info and Referral Service
- ____ United Way Endowment Fund

Option D

Donor Designation \$_____
Specific Organization _____

NOTE: A \$25 minimum designation is required for donor designation. Eligible agencies must be a nonprofit health and human service agency providing services to Charlevoix and Counties or another United Way.

ADVOCATE.

Sign me up for the Char-Em United Way e-newsletter.

VOLUNTEER.

Contact me to volunteer.
Opportunities listed online at www.charemunitedway.org/volunteer

Sign Here

X _____
Signature Date

Combine my gift with spouse/partner. List my/our name(s) as follows:

THANK YOU!