



United Way of Delaware

The Linden Building
625 N. Orange Street
Third Floor
Wilmington, DE 19801

Step 1. Please tell us about yourself.

Please print firmly in all CAPITAL LETTERS

Mr / Mrs / Ms \*First Name \*MI \*Last Name Suffix
Work Email Personal Email Gender Year of Birth
Home Address City State Zip
\*Employer Employer ID (optional) Home Phone Mobile Phone
ETHNICITY: African American Asian/Pacific Islander Caucasian Hispanic Native American Other

Step 2. Indicate the amount of your annual pledge

I wish to give \$ to improve my community. Must equal the total in step 4.

Step 3. Choose how you would like to strengthen your community

OPTION A

Give Directly to United Way of Delaware (520)
Contribution goes where it's needed most.

Salem County (520S)

AMOUNT \$ PER YEAR

OPTION B

I want to support my community - LIVING UNITED!



Grade-Level Reading (517)

Providing academic support to ensure reading proficiency by 3rd grade and a foundation for success

\$



College and Career Success (518)

Helping our young adults acquire and develop positive, personal assets for career pathways and reliable employment

\$



Financial Empowerment (519)

Connecting individuals and families to opportunities to secure economic stability and a roadmap for financial empowerment

\$

OPTION C

I want to support specific United Way of Delaware programs and initiatives.

- Delaware 2-1-1 (241) \$
Delaware Afterschool Network (DEAN) (625) \$
Delaware Racial Justice Collaborative (13940) \$
Stand by Me (543) \$
Latinos Unidos (550) \$
PRIDE Council - LGBTQ (538) \$
Revive the Village (541) \$
Women United (549) \$

OPTION D

Give to a Community Based Organization\*
There is a \$25 minimum per agency.

Agency Name \$ Amount
Agency Code City State
Agency Name \$ Amount
Agency Code City State

Total per year \$
Gifts designated here are assessed a 12.5% fundraising and processing fee in accordance with United Way Worldwide standards.
\*A 501 (c)(3) agency in good standing with the IRS.

Step 4. Choose how you prefer to give

Easy Payroll Contributions

AMOUNT \$ per pay period for a TOTAL annual gift of AMOUNT \$ PER YEAR

Pay period is: weekly (52) every other week (26) twice a month (24) once a month (12) other

One Time Direct Gift

AMOUNT \$

\*Credit card and bill me payments are \$25 minimum and require an email address.

Credit/Debit Card Monthly One time Begin Date:

Card No: Exp. Date:

American Express Discover MasterCard Visa

Bill Me \$100 minimum Quarterly Begin Date:

Direct gift to be paid by:

Check enclosed and made payable to United Way of Delaware

Securities call (302) 573-5737 when you are ready to transfer funds

Step 5. Sign here to authorize your pledge and confirm payment

Thank you for your contribution to United Way of Delaware. No goods or services were provided in exchange for this contribution. For contributions made through payroll deduction, 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.

\*SIGNATURE

\*DATE

Please check this box if you prefer that your gift remains anonymous.

LIVE UNITED

\*REQUIRED

WHITE: UNITED WAY OF DELAWARE COPY

YELLOW: EMPLOYER COPY - TO BE RETAINED BY EMPLOYER

PINK: DONOR COPY - FOR DONOR'S RECORDS

REV 9-2021