

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

\$ _____



☐ Career and College 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.

- | | |
|--|----------|
| <input type="checkbox"/> Delaware 2-1-1 (241) | \$ _____ |
| <input type="checkbox"/> Delaware Afterschool Network (DEAN) (625) | \$ _____ |
| <input type="checkbox"/> Delaware Racial Justice Collaborative (13940) | \$ _____ |
| <input type="checkbox"/> Stand by Me (543) | \$ _____ |
| <input type="checkbox"/> Latinos Unidos (550) | \$ _____ |
| <input type="checkbox"/> PRIDE Council - LGBTQ (538) | \$ _____ |
| <input type="checkbox"/> Revive the Village (541) | \$ _____ |
| <input type="checkbox"/> 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 \$ _____

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

***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 ☐ Monthly ☐ Quarterly Begin Date: _____

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.

*REQUIRED

WHITE: UNITED WAY OF DELAWARE COPY

YELLOW: EMPLOYER COPY — TO BE RETAINED BY EMPLOYER

PINK: DONOR COPY — FOR DONOR'S RECORDS

REV 9-2022

LIVE UNITED