

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) Salem County (520S) AMOUNT \$ _____ PER YEAR _____
Contribution goes where it's needed most.

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.

- 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 \$ _____

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