

UNTIL THE FIGHT IS WON

STATE OF KANSAS EMPLOYEES

FOR PAYROLL DEDUCTION GIFTS ONLY:

DEPT #: _____

START DATE _____

EMPLOYEE I.D.# _____

END DATE _____

(IF NO DATES ARE SPECIFIED, DEDUCTIONS WILL RUN FROM JANUARY - DECEMBER)



United Way of Kaw Valley

formerly United Way of Greater Topeka and United Way of Douglas County

Creating and cultivating an unbreakable network of support for a strong, healthy and equitable community

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 _____

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 \$ _____ NO: _____ - _____ - _____ - _____ VISA Discover

>> Credit Cards 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 Send 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? _____
(Example: John & Jane Smith, Dr. Jane Smith, John Jones & Jane Smith)

Please do not list my name in publications

List me as a combined giver with _____

Name

Company

4. ENGAGE

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

I plan to retire in: _____
Year

Contact me about planned giving opportunities.

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>.

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: CHILDHOOD SUCCESS

Getting children and their families/caregivers off to the best possible start through home visitation and early education opportunities.

WHOLE FAMILY: FAMILY SUCCESS

Removing barriers to financial stability and economic mobility for teens and adults by helping children succeed in school, preparing students and adults to succeed in the workforce, and fostering financial literacy before high school graduation.

WHOLE FAMILY: FAMILY SUPPORTS

Supporting coordinated systems for ensuring food security; access to safe, affordable and stable housing; access to mental and physical healthcare and prescription medication, and services/interventions that support survivors of domestic violence, sexual assault, stalking, and human trafficking.

DOLLY PARTON'S IMAGINATION LIBRARY

Dolly Parton's Imagination Library: \$25 gives a child a book every month for a year. Please choose: Shawnee County Jackson 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 PER PARTNER)

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

Name: _____ Code: _____

Name: _____ Code: _____



Scan QR code to see the list online

JOIN WOMEN UNITED

Women United provides one-time emergency grants to women and children in crisis situations in our community. Fill out 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
Expiration Date: _____ MC AMEX