



United Way
of Greater Stark County

DONOR INFORMATION

First Name _____ MI _____ Last Name _____ Birthdate ____/____/____
 Address _____ Phone (____) _____ Home
 Work
 Cell
 City _____ State _____ Zip _____ Email _____
 Company _____ (optional)
 I am a Union member of this Union affiliation:
 I am planning to retire in the next 12 months. Register me for United Way's Loyal Contributors Program. Number of years contributing: _____

I WANT TO JOIN THE FIGHT FOR EVERY PERSON IN GREATER STARK COUNTY!

MY TOTAL GIFT IS \$ _____

Please choose **ONE** of five payment methods below:

Easy payroll deduction
 \$ _____ X _____
 per pay period number of pay periods

Bill me (minimum \$25)
 One-time Semi-annually Quarterly Monthly

Cash or personal check
 Cash
 Personal check # _____
 (please make checks payable to *United Way of Greater Stark County*)

Credit card (VISA/MasterCard/Discover/American Express)
 One-time Semi-annually Quarterly Monthly

Account Number _____ Expiration Date _____

Securities
 Please call 330-491-9961 for the Finance Dept. when you are ready to transfer funds.

I WANT TO DIRECT MY CONTRIBUTION (see reverse for more information)

Please direct my contribution to the Community Impact Fund.
 Or, choose an impact building block area:
 HEALTH: Expanding health care for all ages, increasing availability of preventative care for healthy moms and babies, promoting healthy behaviors and preventing opiate substance abuse
 EDUCATION: Preparing students to graduate and succeed by readying kids for kindergarten
 FINANCIAL STABILITY: Creating a pathway to financial stability and independence by equipping people with tools to get and keep better jobs, keep more of what they earn and save for their children's futures

OPTIONAL: I would like a portion/all of my gift to be designated to another 501(c)(3) health and human service agency.
 Please note: United Way of Greater Stark County does not endorse or provide oversight to any nonprofit not affiliated with United Way. See reverse for United Way's donor designation policy.

 Name of 501(c)(3) health & service agency to receive designation

I WANT TO BE PART OF A DONOR NETWORK (please check all that apply):

Alexis de Tocqueville Society (annual gift of \$10,000 or more)
 Step-Up to Alexis de Tocqueville Society (initial gift of \$5,000 & commitment to reach \$10,000 within 5 years)
 Leaders in Giving (annual gift of \$1,000 or more)
 Step-Up to Leaders in Giving (initial gift of \$500 or more & commitment to reach \$1,000 within 5 years)
 Women United (women, or spouses/partners of donors giving \$1,000 or more)
 Young Leaders Society (age 45 or younger)
 Labor CARES (open to any union member)

Spouse/Partner Name _____
 Their Company _____
 Spouse/Partner Gift \$ _____
 Combined Total \$ _____

Signature (required) _____ Date ____/____/____ **Thank you!**