



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
 \$ _____ per pay period X _____ 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!**