

2011 COMMUNITY CAMPAIGN

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL LIVE UNITED®



MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

STATE ZIP DAYTIME PHONE EMPLOYEE ID

- Register me for the **United Way Loyal Contributors Program**
I have been contributing to United Way for _____ years.
- I do not want an acknowledgement
- I wish to remain anonymous

Want to see how your contribution is making a difference?
Give us your home email address and we will send you updates.

Giving \$1,000 or more? You are a Leadership Giver!
Tell us how you would like your name(s) to be listed.

HOME EMAIL ADDRESS _____

NAME(S) FOR RECOGNITION _____

PLEASE INDICATE GIFT AMOUNT AND SELECT PAYMENT OPTION.

EASY PAYROLL DEDUCTION

AMOUNT \$ _____
Total Annual Gift

I want to contribute the following amount each month:

- \$100 \$50 \$25 \$10

Other \$ _____

CHECK - CREDIT CARD

AMOUNT \$ _____

- Personal check (enclosed)
- Credit/Debit (VISA - MasterCard - Discover)
Card # _____
Exp _____ Security Code _____
- One time payment before December 31, 2011
- One time payment in January 2012
- Quarterly installments in 2012-Jan, Apr, Jul, Oct
- Monthly installments in 2012

Electronic Check

AMOUNT \$ _____

- Electronic Bank Transfer
Account # _____
Bank Routing # _____
- One time payment before December 31, 2011
- One time payment in January 2012
- Quarterly installments in 2012-Jan, Apr, Jul, Oct
- Monthly installments in 2012

SECURITIES – call 734.677.7212 to transfer funds

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY. YOUR GIFT OF \$156 OR MORE TO THE COMMUNITY INVESTMENT FUND, UNITED WAY FOCUS AREAS, AND/OR INITIATIVES QUALIFIES YOU FOR THE CARING CLUB.

COMMUNITY INVESTMENT FUND

- Influence the Condition of All.** THE MOST POWERFUL WAY TO INVEST IN THE COMMUNITY
Supporting all funding focus areas, 2-1-1®, and Washtenaw Success By 6®.

AMOUNT \$ _____

FUNDING FOCUS AREAS

Early Childhood Care and Education

Improving the availability and quality of childcare, resources for parents, and early literacy programs.

AMOUNT \$ _____

Hunger Relief

Ensuring efficient and localized coordination of food collection and distribution efforts.

AMOUNT \$ _____

Safety Net Health

Increasing the number of children and families who have access to and receive healthcare.

AMOUNT \$ _____

Supporting School-Aged Youth

Increasing academic success, employment and career achievement, physical and mental health, and community involvement of young adults.

AMOUNT \$ _____

Homelessness and Housing

Improving access and increasing outreach for decent, affordable housing with supportive services that provide emergency, transitional and permanent housing.

AMOUNT \$ _____

Assisting Seniors

Ensuring that basic needs resources are available to support independence and safety for the older adult population and their caregivers.

AMOUNT \$ _____

UNITED WAY INITIATIVES

2-1-1® Regional Call Center

Providing callers with referrals to human services, for everyday needs and in times of crisis.

AMOUNT \$ _____

Washtenaw Success By 6®

Ensuring all children in Washtenaw County enter school ready to learn.

AMOUNT \$ _____

Power of the Purse

Focusing on economic self-sufficiency by assisting women to enter or re-enter the workforce.

AMOUNT \$ _____

DESIGNATIONS Please include agency name, location and amount in the space below.

AMOUNT \$ _____

AMOUNT \$ _____

AMOUNT \$ _____

PLEASE COMPLETE YOUR PLEDGE WITH SIGNATURE AND DATE.

SIGNATURE

DATE

THANK YOU FOR YOUR SUPPORT.
Please check the accuracy of all your entries.